PER

The New York
Academy of Medicine

By Exchange

THE N.Y. ACADE
OF MEDICINE
1944
ARY

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI JULY, 1944 No. 1

CONTENTS

The Relationship of Obstructions to Urinary Affections, Edgar G. Ballenger, M.D., Atlanta 13

Rupture of a Coronary Artery; Report of Case with Necropsy, Max Dobrin, M.D., Miami Beach 15

Collapse Therapy in Pulmonary Tuberculosis, R. D. Thompson, M.D., Orlando 16

Abstracts of Medical Articles 19

Editorials: Senate Bill 1161; Bar Association's Report; Doctors in Politics 22

Relocated Physicians Temporarily Licensed 24

State News Items 24

Deaths 24

Component County Society Notes 26

Books Received 28

Advertisers' Notes 30

Woman's Auxiliary 32

Schedule of Meetings 36

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.



"MY DOCTOR'S MADE A NEW MAN OUTTA BOTH OF US!"

"ALL that endless figuring and re-figuring of milk, carbohydrates, water for feeding formulas was getting my doctor down. 'Specially with all he has to do these days.

"No wonder he looked into S-M-A. An' no wonder he made all his babies S-M-A babies—right off! It sure fixed him up with extra time for his extra work—and even a bit for some sleep. Why, it takes only two minutes to explain to a mother or nurse how to mix and feed S-M-A*.

"Better yet, my doctor knows that in S-M-A he's prescribing an infant food that closely resembles breast milk in digestibility and nutritional completeness!

"Happy am I—and so is Mummy! 'Cause S-M-A made a new man outta me. I'm gaining by leaps and bounds. And Doctor? His new disposition matches *mine*. Believe you me, EVERYBODY'S happy if it's an S-M-A baby!" A nutritional product of the S. M. A. Corporation, Division WYETH Incorporated.

**One S-M-A measuring cup powder to one ounce water.*

S-M-A is derived from tuberculin-tested cows' milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an antirachitic food. When diluted according to directions, S-M-A is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash, in chemical constants of fat and physical properties.



"Everybody's Happy

. . . IF IT'S AN SMA BABY!"

REG. U. S. PAT. OFF.

NEW YORK ACADEMY OF MEDICINE
DEC -3 1945
LIBRARY
251372



A Radio Program of Interest to All Physicians . . .

"THE DOCTOR FIGHTS"

starring RAYMOND MASSEY

HERE is a Report to the Nation on the wide-spread activities of America's doctors in a world at war, not only on the battlefronts, but on the home front as well. Documentary histories of medical heroism, carefully authenticated and ethically presented, should prove of interest to every physician, military or civilian. The comments or suggestions of the profession are welcomed.

Tuesday Evenings
COLUMBIA BROADCASTING SYSTEM
9:30 E.W.T.—8:30 C.W.T.

SCHENLEY LABORATORIES, INC. · *Producers of* **PENICILLIN** *Schenley*
Lawrenceburg, Ind.

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.) Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



BRAWNER'S SANITARIUM
Established 1910
SMYRNA, GEORGIA
(Suburb of Atlanta)
For Nervous and Mental Disorders
Drug and Alcohol Addiction.
Approved diagnostic and therapeutic methods.
Metrazol and Electro-shock in selected cases.
Special Department for General Invalids and Senile Cases at Monthly Rates
JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.



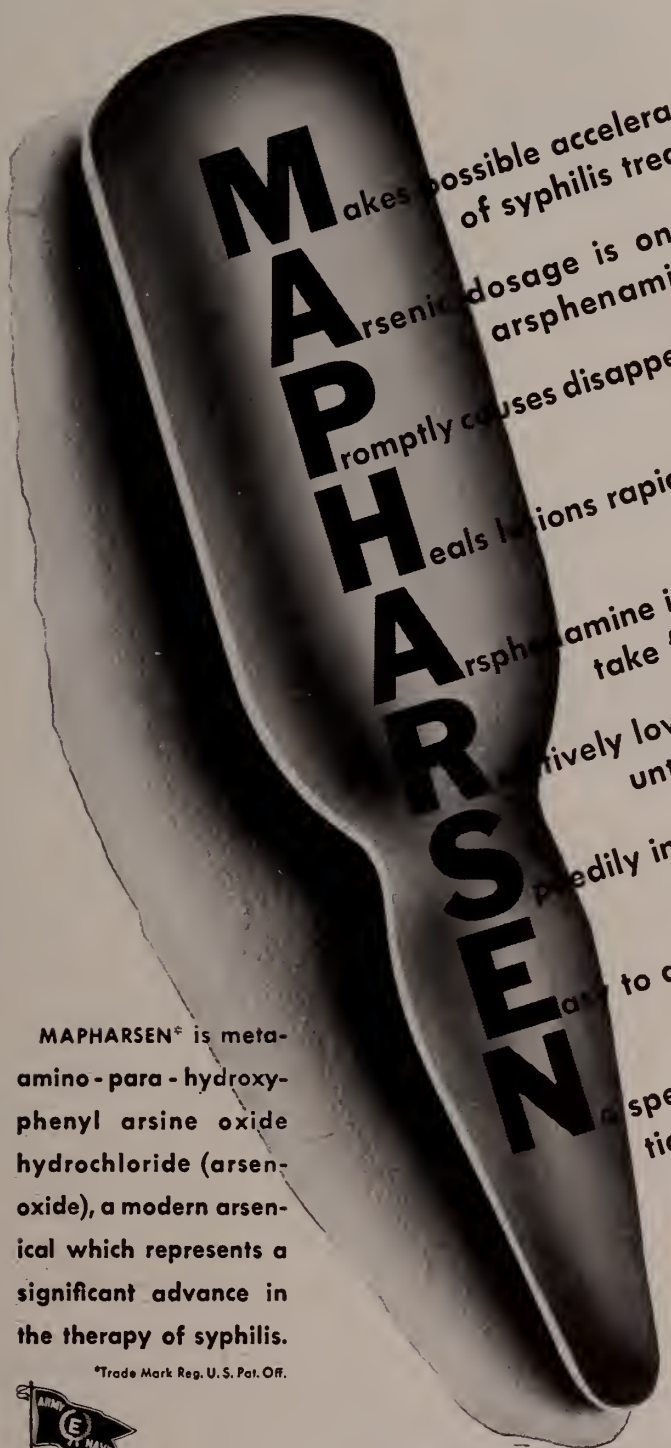
HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524
Dr. M. J. L. Hoye, Supt.
Fellow of the American Psychiatric Association

Telephone 3-1302 **MIAMI SURGICAL COMPANY** B. MARIAN BEALS President-Treasurer
ESTABLISHED 1926
Hospital and Physicians' Supplies
Headquarters for Laboratory Supplies, Laboratory Chemicals and Reagents
211 S. E. FIRST ST. *We respectfully solicit your orders* MIAMI, FLORIDA

S. A. Kyle *Funeral Director*
17 WEST UNION STREET JACKSONVILLE 2, FLORIDA
Phones MEMBER National Selected Morticians BY INVITATION 5-3766 5-3767



Makes possible accelerated forms of syphilis treatment

Arsenic dosage is one-tenth that of arsphenamines

Promptly causes disappearance of spirochetes

Heals lesions rapidly

Arsphenamine intolerant patients can take full doses

Relatively low toxicity . . . fewer untoward reactions

Speedily injected

Easy to administer

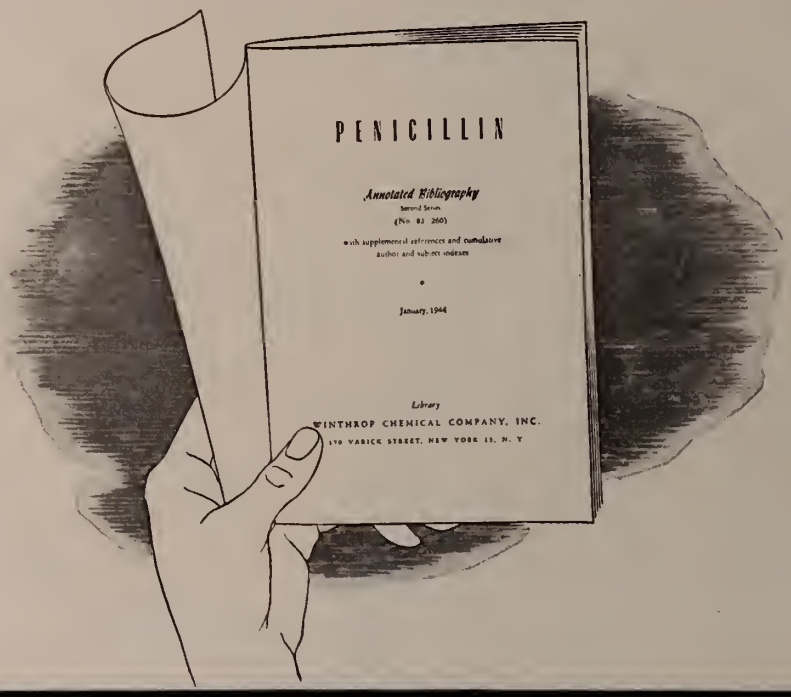
No special preparation needed

MAPHARSEN* is meta-amino-para-hydroxyphenyl arsine oxide hydrochloride (arsenoxide), a modern arsenical which represents a significant advance in the therapy of syphilis.

*Trade Mark Reg. U. S. Pat. Off.

ARMY E NAVY

Parke, Davis & Company
Detroit 32 Michigan



SECOND SERIES NOW AVAILABLE

● We will gladly send (gratis) to physicians a copy of this handsomely printed booklet on Penicillin. This is a highly informative and up-to-date annotated bibliography with supplemental references and cumulative author and subject indexes.

The entire production of Penicillin is currently under Government allocation. A substantial portion is being released for civilians. Through increased production Winthrop has helped to meet the great need for Penicillin.

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician NEW YORK 13, N. Y. • WINDSOR, ONT.

Designed to ASSIST *the* PATIENT



THE "RAMSES"* Diaphragm Introducer, designed after consultation with gynecologists, engages the rim of the "RAMSES" Flexible Cushioned Diaphragm at two points, shaping it into an elongated oval, thus enabling it to pass readily into the vagina. By providing complete control over the direction of travel, the "RAMSES" Diaphragm Introducer assures proper and accurate placement of the diaphragm.

1. The wide, blunt tip of the "RAMSES" Diaphragm Introducer is designed to prevent even the remote chance of accidental penetration of the uterus during insertion of the diaphragm.

2. Made of easily cleansed plastic, the "RAMSES" Diaphragm Introducer has no minute crevices to harbour bacterial growth—no sharp projections to cause possible vaginal injury.

3. The broad, rounded hooked end of the "RAMSES" Diaphragm Introducer—used for diaphragm removal—guards against possible entry into the urethra.

Your patients obtain the "RAMSES" Diaphragm Introducer when you specify the "RAMSES" Physicians Prescription Packet No. 501.

"RAMSES" Gynecological Products are suggested for use under the guidance of a physician only. They are available through recognized pharmacies.

**The word "RAMSES" is the registered trademark of Julius Schmid, Inc.*

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Ramses
TRADE MARK REG. U.S. PAT. OFF.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55 St.
New York 19, N. Y.

DIAPHRAGM INTRODUCER



Now... *timed* insulin action, the keynote of control



A single injection...

'WELLCOME'

GLOBIN INSULIN

WITH ZINC

timed for rapid onset of action to meet the needs of the morning

timed for strong continuing daytime effect

timed for diminishing action during the night when the needs become less

While fulfilling these requirements for timed insulin action, the keynote of control in diabetes, this new type insulin also has the advantage of controlling many moderately severe and severe cases of diabetes with only a single injection daily. It is a clear solution and in its freedom from allergenic skin reactions is comparable to regular insulin.

'Wellcome' Globin Insulin with Zinc, an important advance in diabetic control, was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Pat. 2,161,198. Vials of 10 cc. 80 units in 1 cc.

Literature on request

'Wellcome' Trademark Registered

ACCEPTED AMERICAN MEDICAL ASSN.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41 St. New York 17, N. Y.

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

Heroes of the United States Medical Services



COLONEL JOHN VAN RENSSELAER HOFF
(1840-1920) U. S. Army

COLONEL JOHN HOFF was not only an Army Surgeon. He was also a soldier. To Colonel Hoff, a private in the Medical Department was more than merely a hospital orderly; he was a soldier, too! Colonel Hoff started experimenting by personally drilling his own hospital personnel in military tactics. The soundness of his ideas was proved, and military training for the medical corps was officially adopted. The academic building of the Medical Field Service School at Carlisle Barracks, Pennsylvania, bears his name in recognition of his crusading efforts. And the discipline and heroism among men of the Medical Department on the battlefields of today are a tribute to his guiding influence.

Ciba Pharmaceutical Products, Inc. salutes the medical men in the Services of the United States as well as those in civilian forces responsible for health "behind the lines."

Military Tactician to the Medical Soldier



© 1944. C. P. P., Inc.

Ciba PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY
CANADIAN BRANCH: MONTREAL, QUEBEC
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

VIOFORM for use in LEUKORRHEA

caused by trichomonas vaginalis

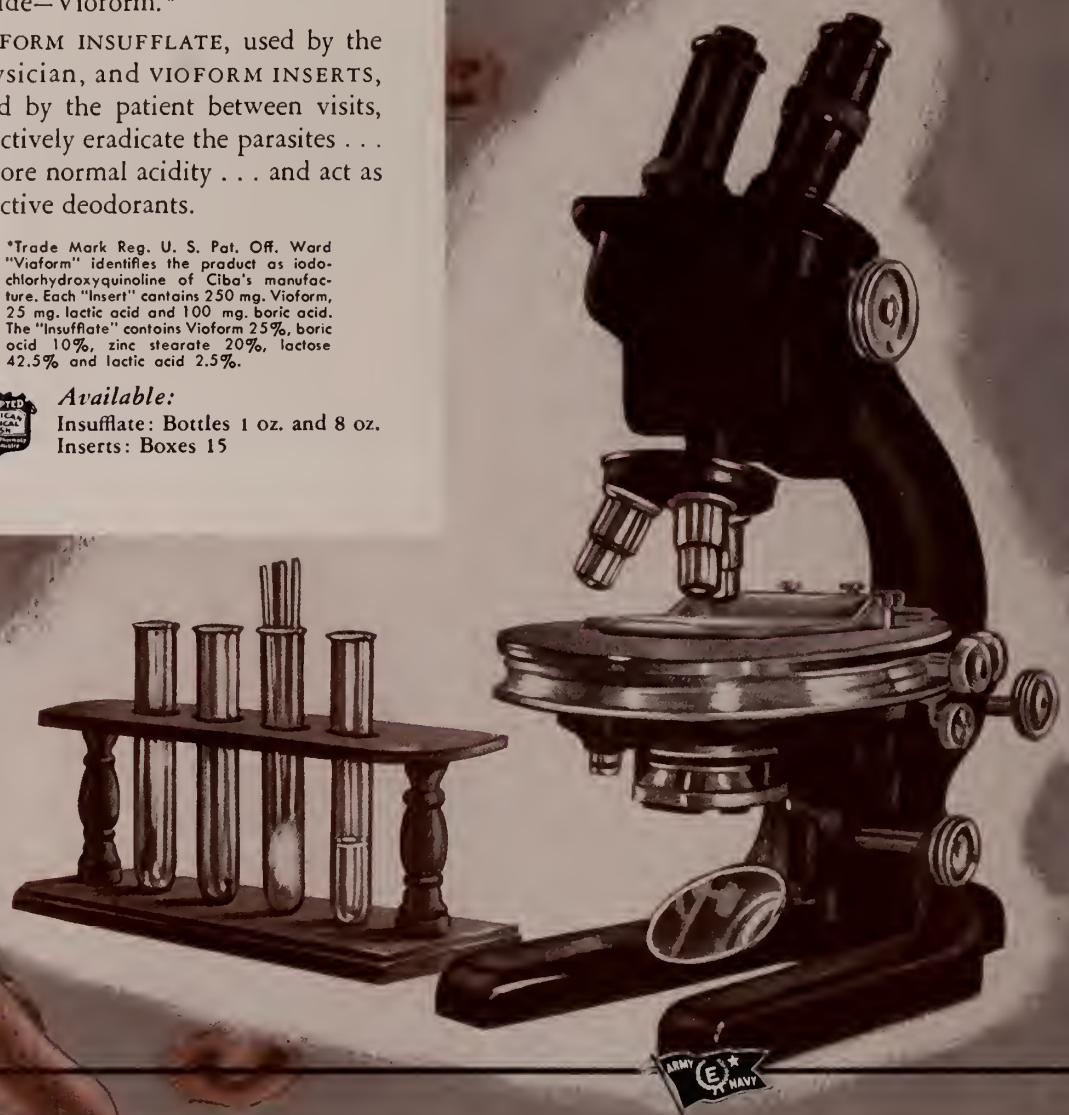
FOAMY, milky or greenish vaginal discharge, vulvar pruritus and burning usually disappear quickly with the well established trichomonacide—Vioform.*

VIOFORM INSUFFLATE, used by the physician, and VIOFORM INSERTS, used by the patient between visits, effectively eradicate the parasites . . . restore normal acidity . . . and act as effective deodorants.

*Trade Mark Reg. U. S. Pat. Off. Ward "Viaform" identifies the praduct as iodochlorhydroxyquinoline of Ciba's manufacture. Each "Insert" cantains 250 mg. Vioform, 25 mg. lactic acid and 100 mg. boric acid. The "Insufflate" contains Vioform 25%, boric ocid 10%, zinc stearate 20%, lactose 42.5% and lactic acid 2.5%.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Available:
Insufflate: Bottles 1 oz. and 8 oz.
Inserts: Boxes 15



ARMY E NAVY

Ciba

Tomorrow's Medicines from Today's Research

Pharmaceutical Products, Inc.

SUMMIT, NEW JERSEY

CANADIAN BRANCH: MONTREAL, QUEBEC

This American is not expected to buy an extra War Bond in the 5TH WAR LOAN



But we are.

For each of us here at home, the job now is to buy extra Bonds—100, 200, even 500 dollars worth if possible.

Many of us can do much more than we ever have before.

When the Victory Volunteer comes to you and asks you to buy extra Bonds, think how much you'd give to have this War over and done.

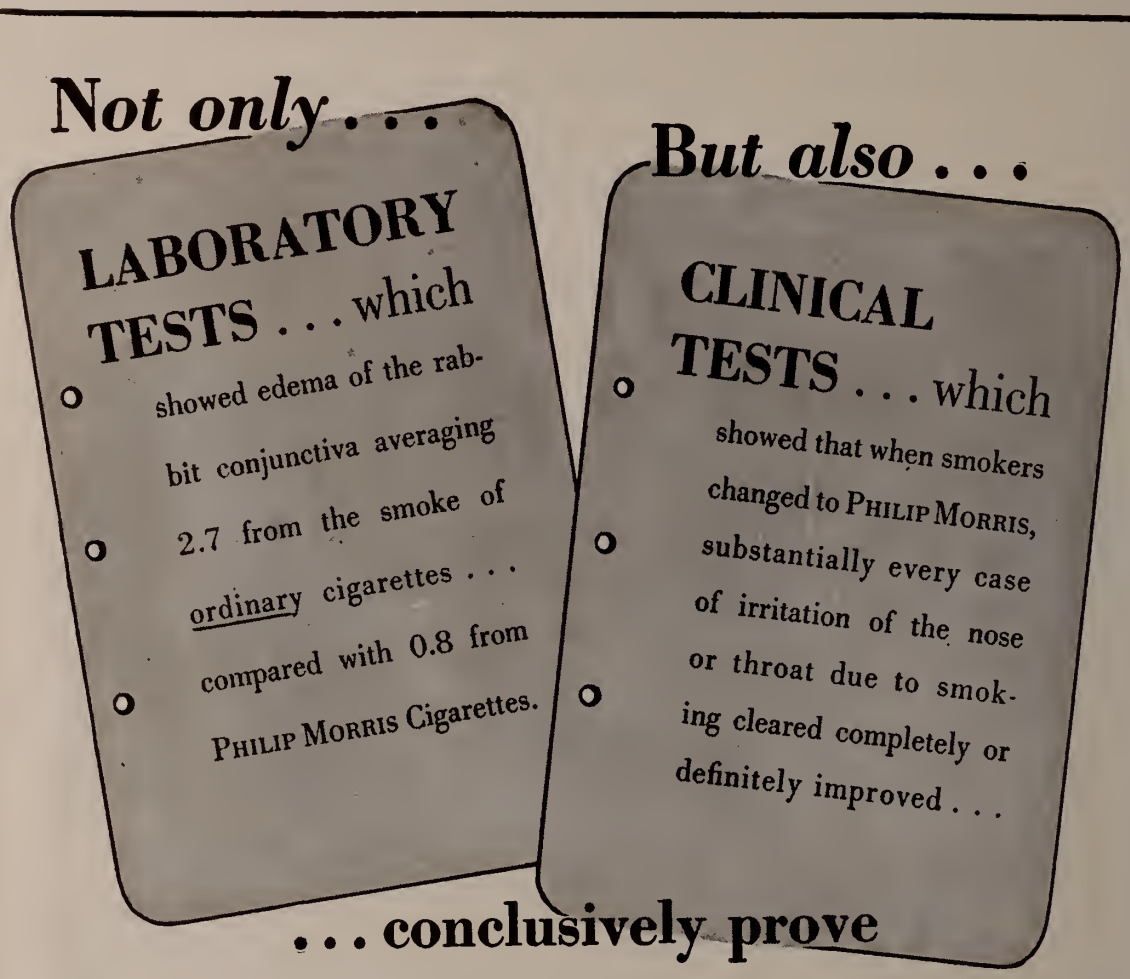
Then remember that you're not *giving* anything. You're simply *lending* money—putting it in the best investment in the world.

5TH WAR LOAN

Let's Go . . . for the Knockout Blow!

FLORIDA MEDICAL ASSOCIATION

This is an official U. S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council



PHILIP MORRIS CIGARETTES

to be definitely and measurably

LESS IRRITATING

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.





'Dexin' does make a difference

When mothers give 'Dexin' formulas in the early months, they find that baby's first experience with solid food is likely to be a happy one. Supplementary foods are easily added because 'Dexin' formulas are exceptionally palatable, not over-sweet, and do not dull the appetite.

'Dexin' also helps avoid disturbances that might otherwise interfere with the addition of other foods. Its high dextrin content (1) reduces intestinal fermentation and the tendency to colic and diarrhea, and (2) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' is readily soluble in hot or cold milk.

'Dexin' Trademark Registered

ACCEPTED AMERICAN MEDICAL ASSN.

'DEXIN'

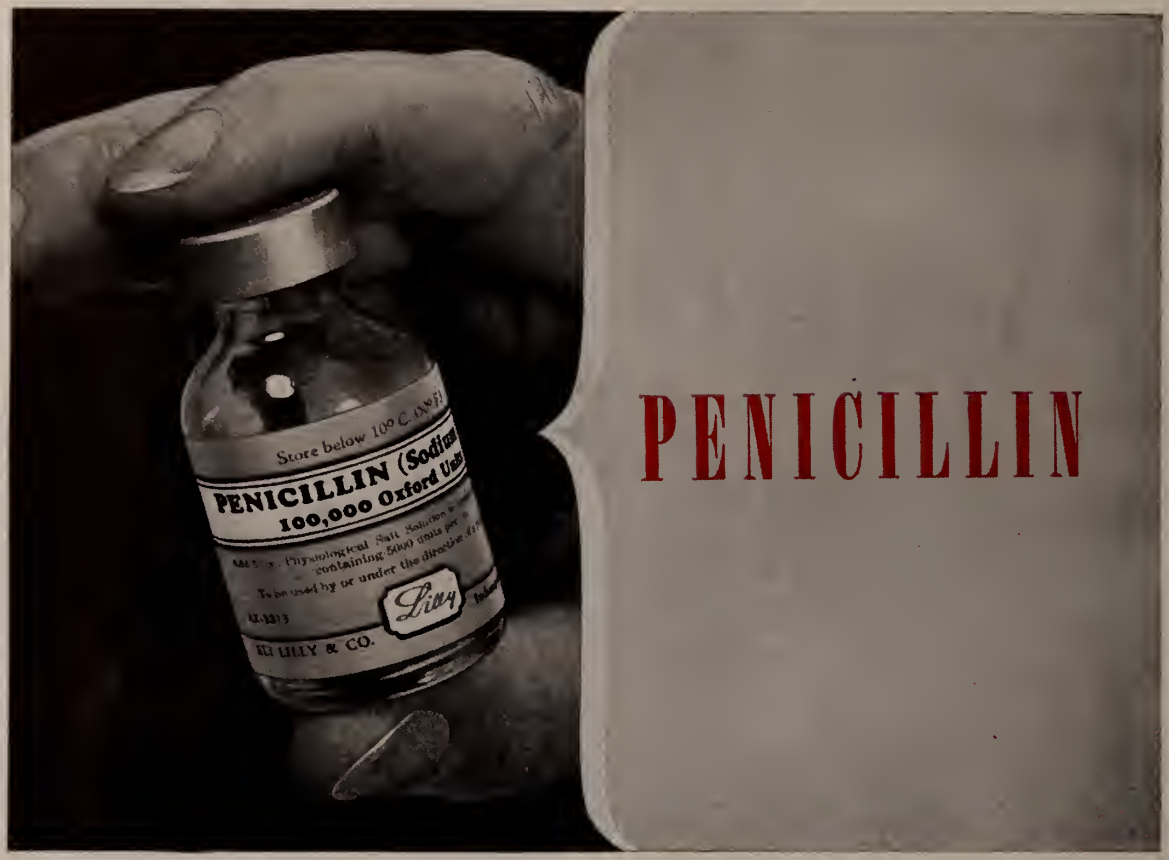
HIGH DEXTRIN CARBOHYDRATE

COMPOSITION				
Dextrins	75%	Mineral Ash	0.25%	
Maltose	24%	Moisture	0.75%	

Available carbohydrate 99% 115 calories per ounce
6 level packed tablespoonfuls equal 1-ounce

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41st St., New York 17, N. Y.



PENICILLIN

★ FROM THE BEGINNING, Eli Lilly and Company has been active in the development of Penicillin, and for several months has made it available to the armed forces on government allocation and to the Office of Scientific Research and Development.

The material has been so scarce that very little has been available for civilian use, and then only on special assignment. Even in army and navy hospitals it often was restricted to patients unresponsive to sulfa-drug treatment.

Penicillin is now more generally available, and research to achieve the ultimate in chemotherapeutic perfection continues as a major project in the Lilly laboratories.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly BUY WAR BONDS FOR VICTORY

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, July, 1944 | No. 1

THE RELATIONSHIP OF OBSTRUCTIONS TO URINARY AFFECTIONS

EDGAR G. BALLENGER, M. D.
ATLANTA

Mr. President, Members of the Florida Medical Association and Guests:

First, let me express to you my deep appreciation of the honor and the pleasure of being with you today.

While the acceptance of this invitation was acceded to, the honor is considerably lessened by my fear of inadequately presenting a subject which seems to be the most useful concept learned in many years of urologic work, namely, the importance of the relationship of obstructions to urinary affections. This subject merits discussion because it is fundamental in its characteristics and has to do with the great majority of urologic problems. Moreover, an understanding of this concept will help a considerable number of you to recognize and treat satisfactorily many common conditions occurring in men, women and children. It may also help you to decide when additional urologic study may be needed for the patients who have failed to respond to the plan of treatment which has been employed.

In general surgery it is well recognized that good drainage is essential for the treatment of abscess cavities and infections of the nasal sinuses, the middle ear, the gallbladder and diverticula of the intestines. Infection in such areas is often resistant to treatment, not because of the type of the infecting organism, the lack of germicidal value of the remedy employed, or the failure of nature's immunizing agents, but because of inadequate drainage. Undoubtedly, greater curative measures are required to exterminate infection from cavities which are poorly drained than are needed for the cure of infections not so protected.

It would seem logical, therefore, to apply this same reasoning to the treatment of chronic or recurrent pyelitis, cystitis and urethritis. Too frequently these infections are regarded as primary disease entities instead of secondary manifestations of obstruction in the channels which drain the kidneys, the bladder and the organs which empty into the urinary passageways. When they continue to recur, we should not blame the urinary antiseptic or the routine measures employed, but should think of retarding factors, usually obstructions, pocketed infection, or calculi. Unless these possibilities are kept in mind, the primary factor, which even a casual examination may confirm, may be overlooked.

Obstructions and infections constitute the great majority of urinary disorders in both sexes from babyhood to old age. The subject naturally falls into two main subdivisions: first, obstructions which retard the cure of infections, or tend to produce the formation of calculi and other complications; and second, obstructions not associated with infection, but which hinder function, such as lesions which retard elimination of toxic material through the kidneys and those which cause improper emptying of the bladder and urethra.

Proof that obstructions are the primary cause of nonspecific urethritis, chronic cystitis and chronic or recurrent pyelitis is afforded by the disappearance of the infection, in the majority of instances, after the obstruction has been relieved. Generally speaking, the higher the obstruction in the genitourinary tract the more likely is the disorder to be overlooked.

These remarks, while stressing the role of obstructions, are not intended to mean that there are not other important factors which need to be ascertained before it is possible to administer rational curative measures. We need to know the type of infection, especially whether it is gram-positive or gram-negative; we need to know whether the infection arises from the lower genital organs or from the blood or lymph stream; we need to know, when possible, whether the infection involves primarily the kidneys, the bladder, the urethra, or adnexa. What is intended to be emphasized, however, is the importance of adequate drainage, regardless of the type of infection, its origin or the area involved, for stasis in the urinary tract—any part of it—provides a fertile field for the growth of bacteria.

Distant foci feeding infection to vulnerable areas of the urinary tract are not to be disregarded merely because attention is carefully directed to stasis of urine or secretions. All distant

Read before the Seventy-first Annual Meeting of the Florida Medical Association, St. Petersburg, April 13, 14, 1944.

foci of infection should be eliminated whenever possible.

What has been said, or will be said, is not intended to mean that acute infections may not respond to suitable urinary antiseptics, diet and rest. Even though an obstructive lesion has been suspected as playing an important part in the development of an acute infection, a search for obstruction should not be made until the acute symptoms have been subdued.

The lesions which may perpetuate infections are divided into three main groups: first, obstructions to the urinary passageways; second, obstructions to pocketed areas which act as dugouts or protected foci of infection; and third, obstructions due to neurologic lesions.

In the first group may be listed small meatus; urethral stricture; obstruction of the vesical neck, congenital or acquired, such as valves, bars, fibrous contraction of the vesical neck and prostatic enlargement; narrow opening of ureters at their entrance into the bladder; strictures of the ureter; obstruction of the ureter at the renal pelvis due to anomalous blood vessels or bands; and congenital malformations of the kidneys.

Among the lesions in the second group which afford protected foci for infection may be mentioned poorly draining pockets, such as the glands of Littre in the urethra; ducts and sinuses of the prostate; obstructed ejaculatory ducts; diverticula of the urethra or bladder; and narrow openings from the renal calices.

In the third group, comprising lesions due to neurologic affections, may be listed tabes, traumatic lesions and tumors of the spinal cord.

Now let us begin at the lower end of the urinary tract and consider the lesions which most frequently retard the cure of chronic or recurrent infections.

Nonspecific urethritis is one of man's most common urinary infections, and its usual cause is either a small meatus or strictures of the urethra, or both. Meatotomy and dilation of strictures afford much more prompt and more beneficial results than do urinary antiseptics, astringent injections, irrigations of the urethra and diet.

Likewise, when gonorrhea is not responsive to treatment consisting of appropriate local measures and suitable sulfa drugs, likely hindering factors are a small meatus, urethral strictures, poor drainage from the prostate, obstruction to the ejaculatory ducts and poor drainage from the glands of Littre or from Cowper's glands. Sulfa drugs properly administered and nature's defensive measures are, as a rule, effective in about 9 out of 10 patients with gonorrhea unless there are retarding obstructive lesions such as those enumerated.

Cystitis, when chronic or recurrent in children, women, or men, is most likely to be caused by obstruction of some kind to the passage of urine from the bladder. The trouble here again may be due to a small urethral meatus, strictures of the urethra, valves or bars, or prostatic obstruction at the vesical neck. Please do not think that because a catheter of medium size can be passed in the male or female patient, no obstruction may be present. Valvelike formations and other obstructions of the vesical neck often retard the passage of urine, yet do not hinder the passage of catheters or sounds.

When cystitis is not responding to treatment with sulfa drugs or other urinary antiseptics, a search should be made for obstructions, stones, diverticula, or tuberculous lesions. Lasting relief of nonspecific cystitis naturally depends upon correction of the primary obstructive cause. Such a concept and a rational interpretation of clinical symptoms as a rule will give clues as to which leads should be followed in the diagnosis and treatment.

Chronic or recurrent cystitis or cystitis-like symptoms in women respond better to meatotomy, when needed, and to the introduction of urethral sounds than to irrigations of the bladder. Sulfa drugs are required in addition to sounds when there is pus in the urine.

Pyelitis when chronic or recurrent in children, women, or men, should suggest that there is something wrong besides the infection. The trouble usually is an obstruction somewhere below the kidney.

These statements may seem to you to be too primary for such a discussion, and in this opinion I wholly agree. The reason for their consideration, however, as you also must agree, is that they are frequently—too frequently—neglected. Emphasis, therefore, upon their importance in every day practice I believe is needed, for surely it is unwise to treat infections, when chronic or recurrent, with palliative measures alone and neglect the primary, obstructive cause. To do so invites poor immediate results as well as renal or vesical dysfunction at a later time.

FUNCTIONAL DISTURBANCES

So far, our attention has been directed to the part which obstructions play in keeping up urinary infections. Now let us consider briefly certain functional disturbances brought on by

the same types of obstructive lesions, but without the development of infections.

Kidneys, like filters, cannot function well against back pressure, regardless of where the obstruction happens to be. Not infrequently the freedom of hydronephrotic kidneys from infection unfortunately is not an advantage but a disadvantage because the absence of pus in the urine often results in so much delay in the diagnosis that, as a consequence, renal function may be seriously impaired before the obstruction is detected. In patients with this condition failure to recognize the primary cause of the damage to the kidneys naturally results in inadequate treatment.

There is another group of patients with normal urine for whom meatotomy and dilation of the urethra are of value. Comprising it are the nervous patients with pelvic or perineal pain, or with irritability of the deep urethra, those who have premature ejaculations or are sexually weak, and children who are bed-wetters. These patients usually respond to the same type of treatment, namely, meatotomy when needed, urethral dilation and instillation of a 1 or 2 per cent solution of nitrate of silver into the deep urethra, or later endoscopic applications of stronger solutions. The beneficial results of these treatments, as a rule, are promptly noted.

The mere introduction of urethral sounds, however, is not sufficient. They should be left in place for about ten minutes if the maximum good is to be derived from their use in dilating urethral strictures or in correcting deep urethral irritations.

SUMMARY

It is hoped that the obstructive problem concept briefly sketched may help to give a sound working basis which will be of value in the treatment of resistant urinary infections. The obstructive lesions may occur anywhere from the urethral meatus to the topmost calix of the of the kidney.

Moreover, many pains, irritations and dysfunctions of various kinds around the neck of the bladder and in the pelvic region, resulting in the multitude of symptoms of the sexual neurastheniac, often may be treated satisfactorily by dilating the urethra, even when no stricture or infection is present.

So, again let it be emphasized that if lasting results are to be expected in the treatment of urinary affections, we must not neglect obstructions.

57 Forsyth St., N. W.

RUPTURE OF A CORONARY ARTERY

REPORT OF A CASE WITH NECROPSY

MAX DOBRIN, M. D.
MIAMI BEACH

Disease of the coronary arteries may be the cause of cardiac impairment or death in a number of ways. Most commonly, narrowing or occlusion of one of these vital arteries produces the mischief. Hemorrhage from a diseased coronary artery with hemopericardium has, however, in a number of instances been the cause of death. Such a case is here reported.

REPORT OF CASE

C. P., a white man aged 74, was admitted on the evening of Aug. 20, 1940, to the Jackson Memorial Hospital with the complaint of tightness in the abdomen and shortness of breath. These symptoms came on gradually and grew worse. A member of his household stated that six days previously he had been seized with a pain across the back, which radiated up the neck to both jaws and down both arms, lasting ten minutes; four days before admission he had been kept awake most of the night with similar pains, the next morning only soreness remaining in the back; he had felt all right the ensuing two days until the evening when he entered the hospital.

Physical examination, made by a member of the house staff, showed an elderly, well developed, white man; his skin was cold and clammy; he was perspiring, and his color was ashen gray. Shortness of breath was present. Moist rales were heard at the base of both lungs with diminished breath sounds over the base of the right lung posteriorly. The heart was enlarged to the left; sounds were distant and regular. The pulse could not be made out. The systolic blood pressure appeared to be about 50. The edge of the liver was palpable 2 cm. below the costal margin. There was no edema of the extremities. The other physical findings were not significant.

Oxygen was administered, and ¼ grain of morphine was given twice during the night. The patient continued to have severe dyspnea and expired the next morning.

At necropsy the pericardial sac was fluctuant and contained about 650 cc. of liquid and clotted blood. On the anterior surface of the left ventricle, adjacent to the anterior descending branch of the left coronary artery, there was an irregular tear in the epicardium, with a small blood clot exuding. The coronary artery was sclerotic and calcareous, and about ½ cm. from the epicardial rent there was a rupture of the artery with clotted blood in the opening.

In the contiguous area the myocardium and subepicardium were infiltrated with blood. The endocardium of the chambers of the heart was normal throughout. The valves were normal, except the aortic valve, which showed sclerotic thickening. In the myocardium were areas of fibrosis. The aorta showed a considerable degree of atheromatosis.

The kidneys were small, red and granular. There was chronic passive congestion of the liver, and congestion of the lungs was also present. The prostate was hypertrophied.

COMMENT

Olcott reported a case of rupture of a coronary artery with hemopericardium, and in reviewing the literature he found 30 cases reported. Since then 3 other cases have been reported besides this case.

The case of a man aged 74 is described in which hemorrhage into the pericardial cavity from a rupture of the anterior descending branch of the left coronary artery occurred. Atheroma was considered to be the cause.

REFERENCES

1. Giraud, G.; Ravoire, J.; Balmes, J., and Ausset: Un cas d'hemopericarde d'origine coronarienne. Arch. Soc. d. sc. med. et Biol. de Montpellier **17**: 371-375 (Sept.) 1936.
2. Kowalczykowa, J.: Tödliche Herzbeutelblutung infolge Ruptur eines Kranzschlagaderzweiges, Virchows Arch. f. Path. Anat. **293**: 464-471, 1934.
3. Olcott, C. T.: Rupture of Coronary Artery, Hemopericardium; Report of Case and Review of Literature, New England J. Med. **204**: 760-763 (Apr. 9) 1931.
4. Vanee, B. M., and Graham, J. E.: Periarteritis Nodosa Complicated by Fatal Intrapericardial Hemorrhage; Report of Case, Arch. Path. **12**: 521-532 (Oct.) 1931.

1140 Alton Road.

COLLAPSE THERAPY IN PULMONARY TUBERCULOSIS

R. D. THOMPSON, M. D.
ORLANDO

Pulmonary tuberculosis has dropped to seventh place among the causes of death in all age groups. This disease is, however, the leading cause of death in women between the ages of 16 and 35.

The morbidity and the mortality rate in this disease are now on the increase in men past 50. In the majority of the cases in this group an old lesion has been present for many months, or even years. In the later years of life this lesion has a tendency to reactivate, or even spread, particularly where a smouldering lesion has been present. These cases present many difficult problems as to therapy, especially in the form of collapse, a subject I shall mention later.

Up to this moment there is no specific for tuberculosis. Many have been announced, heralded and found wanting. It is the hope of all that research workers may yet find some sulfa preparation, or derivative, that will conquer the onslaught and the prominence that the tubercle bacillus holds today.

The decreased mortality for all age groups has been due to several factors. Tuberculosis becoming a public as well as a professional question has been most prominent. The education of the masses is needed, but is lacking still in many sections. An increased number of sanatoria better equipped and with trained personnel, and the application of newer and more detailed methods of collapse treatment, all are factors grouped together which have been and are leaders in the defense against tuberculosis. I believe that the most formidable weapon today is the well equipped sanatorium.

The number of patients in whom the disease is arrested, enabling them to rejoin their families and live reasonably normal lives, is still increasing. A large portion of those who started treatment when the disease was already in the advanced stage has been salvaged through the aid of pulmonary collapse. In consequence, there is a growing portion of the population whose members will require close medical surveillance for the rest of their life. Since this fragment of the population is not immune to other diseases, any physician may be called upon for advice. I know of no separate disease entity that is more related to general medicine than tuberculosis.

The prime objective in treating pulmonary tuberculosis is to produce and maintain rest, relaxation and collapse of the diseased portion, or portions, of the lung involved, and in cases of extensive disease with destruction of functional tissue, to establish and maintain a permanent collapse of all lesions present in one or both lungs. Primarily, rest and relaxation should begin with absolute rest and relaxation of the entire physical structure. I know of no better prescription in the treatment of pulmonary tuberculosis than absolute bed rest, twenty-four hours per day. It is indeed most gratifying to see many of the symptoms of a severe toxemic disease at times disappear. I like to remind my patients that when they have learned to rest their eyelids and their little fingers, then and then only have they learned how to relax.

The application of localized rest to the diseased area offers many interesting and serious problems. The purpose and objective in collapse therapy are to produce complete rest, increased blood supply, lymph stasis and a great reduction in or even a withdrawal of all function of the lobes involved.

With absolute bed rest alone one can practically always observe the absorption of new areas of infiltration surrounding cavities. Thin-walled cavities that are not located near the periphery of the lung will often show a reduction in the diameter. Other cavities near the periphery, and more particularly thick-walled cavities, will not show any great change. This difference is due to two factors, (1) a heavy, rigid, thick-walled cavity, and (2) a lung adherent to the

Superintendent and Medical Director, State Sanatorium.
Presented at the Southeastern States Regional Meeting of the American College of Physicians, Jacksonville, May 26, 1943.

wall of the chest by single or multiple adhesions, or by a definitely sealed pleura.

There are certain clinical types of tuberculosis and certain existing symptoms in the presence of which collapse treatment is contraindicated. Of these I should like to emphasize the following:

1. Miliary tuberculosis.
2. Cases in which cardiovascular disease is also present.
3. Pneumonic types.
4. Cases occurring in patients with a low vital capacity, particularly those having dyspnea and cyanosis, or those in whom slight physical exertion produces embarrassment.

In this last group fall many cases occurring in men past 50 who have led an active physical life. Many show cardiovascular damage, amyloidosis and a low vital capacity. Many are poor risks, especially those whose disease has been present longer than from two and a half to three years.

All of the factors mentioned and many others demand the closet relationship and counsel between the internist and the surgeon. The thoracic surgeon today who frowns on, or tends to ignore, counsel and advice from the medical clinician, will most surely invite disappointing results and many tragedies that could well be avoided.

Tuberculosis demands the best from the internist and the surgeon. From the application of the simplest form of collapse, namely, artificial pneumothorax, to radial types, such as thoracoplasty, proper and efficient study of each case, by all concerned, will obtain the most successful results. The medical clinician must shoulder the greatest responsibility before, during and after surgical treatment has been carried out.

It is well to begin collapse therapy early, using the type that is suitable to each individual case. Not a few patients, however, receive the benefits of absolute bed rest in that they have a reduction in their toxic symptoms. Bed rest is one of the best appetizers the physician possesses. With a drop in daily temperature, decrease in the rapidity of the sedimentation rate, a restoration of appetite and a generally improved clinical picture, the institution of a collapse should be at once considered. Physicians see hundreds of cases in which bed rest will do only so much; a decrease in the amount of sputum and a conversion from a positive to a negative sputum do not take place. These cases require a collapse of the diseased lobe, or lobes.

The simplest and most used type of collapse therapy is artificial pneumothorax. Even though it is the simplest, it is not without its dangers and complications. I believe that it is most essential that the patient be hospitalized if it is at all possible. It is well never to instill more than 200 cc. of air initially, to be followed with even daily small doses of air so that the dangers of tearing adhesions and the tissue of the lung will be avoided and complications of spontaneous collapse, fluid and empyema will be reduced to the minimum. The fluoroscope should be the guide before each refill so as definitely to determine the position of the lung and the presence of adhesions or fluid. Also, any change in the position or size of cavities can well be noted. Large doses of air make the patient feel uncomfortable and have a great tendency to produce a tension pneumothorax, which always invites fluid. In not a few of the cases of this type tubercle bacilli are present in the fluid, which soon ceases to remain clear. When this condition occurs, the procedure should be abandoned, the lung should be allowed to re-expand, and some other form of collapse should be considered before further damage takes place. The tuberculous empyema should be dealt with as soon as possible. The clinician who prefers to give large doses of air once every three or four weeks, allowing the lung to play the part of an accordion, is only inviting further trouble, with danger of cavities reopening and spread of the disease to the contralateral lung.

When adhesions are present a thoracoscopic exploratory examination of the pleural space should be made at once. All adhesions should be cauterized if they do not contain lung tissue, or if there are no other contraindications. The response in many cases of pneumolysis is at times miraculous. Many conversions of sputum can be obtained from such procedure.

If a lysis cannot be carried out, the pneumothorax should be discontinued at once and some other form of collapse considered. This type of case usually requires more radical treatment, such as extrapleural pneumothorax or thoracoplasty.

How long pneumothorax should be continued is always a question. There is no definite rule. Each case becomes an individual problem. The extent, type and location of the original lesion, the age and general condition of the patient, all

are factors to be weighed. When refills are to be stopped, they should be given in decreasing doses of air and not abolished at once, so as not to obtain a high negative pressure. In some patients whose cooperation is doubtful, the diaphragm on the affected side can be paralyzed by a temporary phrenic nerve block, thus protecting the lung during re-expansion.

I wish to report 555 cases of pulmonary tuberculosis treated by artificial pneumothorax that have been under treatment in the last five years. In this series 307 patients were men, 248 were women; 219 had pneumothorax on the right side, 203 on the left side, and 126 had bilateral pneumothorax; 249 were discharged with the disease apparently arrested, and 99 were improved. Of these 99, many left the sanatorium against advice, 12 were discharged for disciplinary reasons, and 21 refused further treatment. Of the unsuccessful cases, 69 went on to thoracoplasty, 19 to extrapleural pneumothorax, 11 to pneumoperitoneum, and 2 to pneumonectomy because of atelectasis and tuberculous bronchiectasis. In 23 no further type of collapse was considered on account of visceral damage. In 30 cases the patients were discharged to county units or rest homes as maximum benefit cases. In 11 of the successful cases the patient received a combined pneumothorax and phrenic nerve block. Sixty-nine patients died. In this group 63 were classified as far advanced "B" cases or worse when the patient was admitted to the sanatorium.

Of the 87 patients receiving bilateral pneumothorax, 61 per cent were discharged with the disease apparently arrested. In the treatment of this group it was also necessary to do an intrapleural pneumolysis, in 39 on the right side, in 41 on the left side, and in 7 bilaterally. Complete lysis was accomplished at one sitting in 60, and in 27 two or more procedures were required. In the 87 cases, 66 patients were discharged with the disease apparently arrested; 14 were improved and received other collapse procedures, and 7 remained unimproved, maximum benefit cases.

Temporary phrenic nerve block has its place in bringing about rest and relaxation to the diseased lung. The more proximal the lesion is to the base, the better the response. In many cases of disease of the upper lobe, however, there is frequently a surprising result. This procedure occupies a useful place in the collapse program, but the indications for it are not great. In many cases it is most useful as an adjunct to other forms of treatment, such as pneumothorax and pneumoperitoneum.

Relative to the cases of straight phrenic nerve block, 20 patients received this therapy, 11 on the right side and 9 on the left side. Fourteen were discharged with the disease apparently arrested without other collapse, 5 were improved and received other collapse procedures, and in 1 endobronchial disease developed.

Pneumoperitoneum is another useful procedure and has given excellent results in not a few cases. Its greatest application is in cases in which it can be used successfully as a steppingstone, the object being to place the patient in an improved clinical condition for more radical collapse. There is also definite indication for this form of therapy in cases of pregnancy. After delivery pneumoperitoneum splints the diaphragm as the fundus has, and thus assists in reducing the spread of the disease after parturition. In this series there were 46 cases in which this form of therapy was used. Eleven patients were discharged with the disease apparently arrested; 16 had a combined pneumoperitoneum and phrenic nerve block, all temporary, 8 on the right side and 8 on the left side. Eight remained unimproved; 13 were improved sufficiently to receive other forms of collapse, 7 being subjected to thoracoplasty and 2 to extrapleural pneumothorax with apparent arrest of the disease; 13 died. In many of these cases this therapy was used as a ray of hope and rewarded the efforts put forth.

Extrapleural pneumothorax, as the name implies, is entirely extrapleural, creating a space between the parietal pleura and the deep thoracic fascia. There are two schools of thought in regard to this type of treatment. I belong to the group that believes it has a place in definitely selected cases. At the time of operation the space created is filled with saline, and later this is removed and replaced with sterile mineral oil, as in my experience air is not sufficient to keep the lung from re-expanding.

In this group there were 59 cases; 36 of these patients were men, and 23 were women. Forty had previously had unsuccessful pneumothorax, 2 with lysis, 2 unsuccessful pneumoperitoneum and 2 phrenic nerve block. In every case in this group artificial pneumothorax was attempted. Forty-five received oleothorax. Of the total group 41 were discharged with the disease apparently arrested, 11 were improved, and 2 were unimproved. Sixteen had intrapleural pneumothorax

on the opposite side, and in 3 this treatment was bilateral. Like intrapleural pneumothorax, this procedure is retrievable. The patient does not have to have weekly or biweekly refills. The oil should be checked once every three or four months for sterility and pressure.

In this series 132 patients were treated by thoracoplasty. Previous procedures were attempted unsuccessfully, as follows: 89 had artificial pneumothorax, 7 of which had a lysis; 9 had extrapleural pneumothorax, 1 had bilateral pneumothorax; 9 had phrenic nerve block, and 6 had pneumoperitoneum. Of this group 101 were discharged with the disease apparently arrested, 8 died, and the remainder were improved. In 8 cases there were revisions of previous operations. Forty-three had four stages and 3 had five stages. All the remainder had three stages. Eighteen had tuberculous empyema on the affected side. Six had an artificial pneumothorax on the opposite side. Electrocardiograms were done in all cases in which the patient was past the age of 50, in all cases in which there was evidence of cardiac disturbance and in all cases in which there was a history of rheumatic fever or cardiac disease. Bronchoscopic examination was done in all cases in which there was the least suspicion of endobronchial tuberculosis or tuberculous bronchiectasis.

CONCLUSION

In conclusion I wish to state that the cure in tuberculosis is not easy and simple. It requires time, patience and courage. There are still too many patients who are chasing the cure and will never catch up with it. Collapse therapy has its place. Hygienic treatment, rest, food and fresh air must, however, neither be forgotten nor dispensed with, as splinting the lung, using whatever procedure may seem best, is not sufficient in itself. The counsel of the informed clinician will always be sought, and when he can see his tuberculous patients return to society and communities again, he will be definitely rewarded for his efforts.

Is a "nothing to do and no use to try" policy justified? This question can be answered by another. Has collapse therapy in its widespread application and as administered to otherwise neglected patients anything to offer? I believe it has. I am definitely convinced that collapse symbolizes a union of ends and aims, double objective, double function and a fine public health investment, as well as a medium of cure and rehabilitation beneficial to any tuberculous patient in whose case this therapy is indicated.

ABSTRACTS OF MEDICAL ARTICLES

GIARDIASIS WITH UNUSUAL CLINICAL FINDINGS; PRELIMINARY REPORT, WELCH, P. B., MIAMI, AM. J. DIGEST. DIS. **10**:52-55 (FEB.) 1943.

In reporting 13 cases of infestation of the intestinal tract with Giardia lamblia, the author observed, through roentgen study, more or less constant evidence of either functional or organic changes in the stomach, duodenal cap or duodenum. These changes consisted usually of a pronounced increase in tone and peristaltic activity, including spasm at the pylorus, and coarsening of the mucosal pattern in the descending loop of the duodenum.

Previously the absence of eosinophilia was considered characteristic in giardial infestation. The author, however, found that eosinophilia was present in a relatively high percentage of cases (58 per cent), but disappeared after the administration of atabrine, suggesting that eosinophilia is a characteristic of severe giardial infestation.

CYSTS OF THE SPLEEN, SNYDER, J. W., AND REZEK, PHILIPP R., MIAMI, SOUTH. M. J. **36**:263-268 (APR.) 1943.

In this paper the authors give a resume of the literature and discuss the characteristics of the various types of cysts of the spleen and the symptoms that are produced. The diagnosis is usually easy, both because of the characteristic location of the tumor and the resulting displacement of the stomach and the splenic flexure of the colon, which is disclosed by roentgen study.

The authors give a complete report of one case in which the condition was complicated by pregnancy. At splenectomy an enormous spleen to which was attached a large cyst, lymphogenous in origin, was removed. During the operation a sharp hemorrhage occurred from a small rupture in the spleen, followed by a rupture of the cyst. The patient made an uneventful recovery and was four months later delivered of a healthy child.

THE DIAGNOSIS AND TREATMENT OF LUDWIG'S ANGINA, WILLIAMS, ASHBEL C., AND GURALNICK, WALTER C., BOSTON, NEW ENGLAND J. MED. **228**: 443-450 (APR. 8) 1943.

An analysis of 20 consecutive cases of Ludwig's angina is presented. These cases represent all that were observed at the Boston City Hospital in the three year period following presentation by Dr. Williams of a study of 31 cases. In the earlier series the mortality was 54 per cent; in this series it was 10 per cent.

The anatomic and clinical criteria for diagnosis are briefly described. Since some type of dental lesion was apparently the initiating factor in 90 per cent of the cases of this series and in 51 per cent of the series previously reported, emphasis is placed on the role of the teeth and dental procedures as etiologic factors.

In 80 per cent of the cases of this series culture reports were available. In all cultures streptococci were present, and in 50 per cent of this number Vincent's organisms were demonstrated by smear, indicating a more potent and rapidly progressive process than a streptococcal infection alone. The authors suggest it is perhaps not generally appreciated that Vincent's organisms, although not absolute anaerobes, should be treated as such since they thrive and are most dangerous under anaerobic conditions. They urge employment of both cultures and smears taken at operation as a basis for the choice of dressings postoperatively. When anaerobes are demonstrated, zinc peroxide dressings are advised.

As soon as the diagnosis is established, radical surgery is advocated, and the surgical technic is outlined. In every case preliminary exposure of the trachea or tracheotomy prior to operation is advised. Pentothal sodium administered intravenously is recommended as the anesthetic agent of choice.

The presence of streptococci in all cultures of the series is regarded as a clear-cut indication for the use of sulfonamide drugs, either orally or parenterally, during the entire critical period of the disease. Dependence upon them without surgery is, however, not favored.

Under the plan of treatment described, the authors consider the ordinary complications of Ludwig's angina as virtually eliminated. They attribute the decrease in complications and reduction of mortality in this series, as compared with the earlier series, primarily to prompt and fearless employment of tracheotomy and immediate adequate drainage, as well as to the beneficent role probably played by the sulfonamides.

CALCIUM AND QUININE IN LABOR AND POSTPARTUM HEMORRHAGE, HART, B. F., WINTER PARK, AND NOBLE, VERNON, LOUISVILLE, KY., AM. J. OBST. & GYNEC. **45**: 692-696 (APR.) 1943.

The results of the use of calcum and quinine in the treatment of patients in labor and with postpartum hemorrhage are reported. These drugs in combination were apparently somewhat more effective than calcium gluconate alone. quinine produce the best results in patients with Calcium gluconate was administered intravenously and in 6 cases calgluquine was also given by this method, which resulted in a more prompt response than administration by the intramuscular route.

The authors concluded that calcium salts alone or in combination with small amounts of ruptured membranes and those experiencing mild pains. They noted that these drugs are contraindicated when cephalopelvic disproportion is present and that calcium is to be avoided or used with great care in association with digitalis or related drugs. Careful differentiation between "stalled" labor owing to dystocia and the type characterized by ineffectual pains is advised, as is also inquiry regarding idosyncrasy for drugs when quinine is to be used. In the series of cases presented no ill effects on the babies from the small doses of quinine used were observed.

In patients with postpartum hemorrhage caused by failure of an atonic uterus to respond to the usual oxytocics the results were particularly gratifying and in some instances dramatic. As a rule, immediately following the intravenous administration of calcium gluconate hardening of the uterus and lessening of the hemorrhage occurred.

DEER FLY SENSITIZATION, MEASE, J. A., DUNEDIN, J.A.M.A. **122**:227 (MAY 22) 1943.

In the case reported, a man had become so sensitive to the bite of the deer fly that he could not work because of swelling and pain. He had for years not been particularly bothered by these flies, but had become increasingly more sensitive to their bite.

The author devised an ingenious extract from the whole fly by which the patient was completely desensitized, and the desensitization has persisted for four years.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D.,..B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Councill C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B-46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Edward Jelks, M.D., Delegate.....*Jacksonville*
O. O. Feaster, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

SENATE BILL 1161

The indications are that in the near future a new drive will be made to pass S-1161 (the Wagner-Murray-Dingell bill). A great deal of propaganda has been spread both to civilians and to the profession, and, as a result, many organizations have expressed themselves in favor of the bill.

Undoubtedly many people will speak to us about this bill soon; therefore, it is to our advantage to acquaint ourselves thoroughly with it. We cannot afford to be indifferent and uninformed about this important matter. So be prepared to answer inquiries pertaining to it.

The bill covers the life of the individual literally from the cradle to the grave. It outlines in rather glowing terms the benefits to be obtained, but does not mention the disadvantages. That portion of the bill which is of most interest to us, as a profession and as individuals, is the Health Insurance section which, as we see it, has several major objections; among them are:

1. Regimentation.—The program is placed under the direct control of one man, the Surgeon General of the United States Public Health Service. It matters not how adroitly the authors of the bill to try to disguise that fact, a fact it remains. One person will lay down the rules and regulations under which you and I work. He, and he alone, can govern your income, your hours, your patients, and can say whether or not you practice at all! He will also control hospitals, nurses, and, in fact, everything pertaining to the practice of medicine. Those of us who believe in the true democratic way of life think that such concentration of power is not good.

2. Compulsory Health Insurance.—We are of the opinion that health insurance under a noncompulsory plan is necessary and desirable. We believe that it can and must be administered, not by a government-controlled bureau but by the medical profession itself. We believe that it is our duty as a profession to formulate, adopt, and put into force such a plan immediately to forestall the plan advocated by the Wagner-Murray-Dingell bill.

3. Additional Taxation.—As outlined by the authors of the bill, the amount to be collected to cover the cost of administering the act will not be felt, or, at most, will not cause too great pain. We believe that any addition to our tax burden, beyond the amount necessary to finance the successful termination of the war, is too much. It can well be the "straw which breaks the camel's back."

4. Timing of Legislation.—It appears to us as though there is undue urgency to get the bill passed and in operation while a great number of our people, especially our doctors, are busy fighting a war and have not the time nor the disposition to enter into the discussion and opposition of lesser things. We have received many letters from physicians who are in the military services, asking that this legislation be held up until they get home and have a voice in it.

We, as a profession, must take a definite and active stand now. We feel that it is the duty of the American Medical Association to lead this fight with every ounce of its strength, and we believe that if the A. M. A. was now pursuing that course there would be no need for various other

organizations to spring up within its membership to oppose this proposed regimentation.

—H. L. P.

BAR ASSOCIATION'S REPORT

A report from the American Bar Association, prepared by its special committee to study portions of the Wagner-Murray-Dingell bill, was released after a study of those portions pertaining to federal control and regulation of medical practice and hospitalization. Thirty-five double spaced, typewritten pages portray in detail some considerations of the provisions and implications of S. 1161.

The following summary has been taken from the last two pages of the report:

The American Bar Association is limited to an expression of opinion and judgment with respect to those fields which relate to the administration of justice and which directly affect the safeguards and protection of the rights and liberties of the citizens of this country. Under normal circumstances, therefore, it is not the function of this Association to attempt to influence substantive legislation by the Congress of the United States. But when under the pretext of the general welfare legislation is proposed in Congress which either inadvertently or with deliberate subtlety constitutes a direct attack on the rights and liberties of the citizens of this country, it becomes the duty of this Association actively to voice its objections, a summary of which is as follows:

1. Local self-government must be preserved in our Federal system. State governments directly responsible to the will of the people are best adapted to exercise such supervisory control as may be instituted over the health and medical care of our citizens.

2. S. 1161 seeks to invest in the Surgeon General, who is not an elected servant of the people and who is not amenable to their will, the power arbitrarily to make rules and regulations having the force and effect of law which directly affect every home.

3. The measure furnishes the instrumentality by which the physicians for their practice, hospitals for their continued existence, and citizens for their health and that of their families can be made to serve the purposes of a Federal agency.

4. The bill fails to safeguard the rights of patients, citizens, hospitals, or doctors with respect to disputes arising or rights denied through the arbitrary or capricious action of one man.

5. The bill fails to provide for any appeal to any court from the action of the Surgeon General.

6. The vicious system whereby administrative officials judge without court review the actions of their subordinates in carrying out orders issued to them is extended in this bill to a point foreign to our system of government and incompatible with the adequate protection of the liberties of the people.

The Constitution of the United States is designed to protect the citizens of this republic in the exercise of the rights of free men. The provisions of that instrument can be rendered impotent, when our citizens, for the sake of an apparent immediate benefit, surrender to their government such direct control over their lives that government, by imposing a constant fear upon them of having those benefits withheld or withdrawn, can compel from them obedience and subservience to its dictates.

DOCTORS IN POLITICS

It has been said by Dr. Royal S. Copeland, former senator from New York, Dr. Walter H. Judd, congressman from Minnesota, and others, that the medical profession needs more representatives in our law making bodies. It is always refreshing, therefore, to see men who are active in organized medicine present themselves and become elected to these various bodies.

Dr. W. B. Moon, past president of the Pasco-Hernando-Citrus County Medical Society and former mayor of Crystal River, was elected May 2, 1944, to represent his district of Citrus and Hernando Counties in the State Senate of Florida. His election comes at a time when not only organized medicine but the country as a whole must have strong, reliable, and conscientious representatives in our legislative halls.

We wish to congratulate Dr. Moon upon his election and predict for him a successful term of office.



Dr. W. B. Moon

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council.

A certificate of need for such a physician must be filed by the county medical society or, in the absence of a county medical society, by the Board of Governors of the Florida Medical Association. These temporary licenses are subject to revocation by operation of law or by direction of the Governor, but in no event shall they continue in effect longer than six months after the end of World War II. Further information concerning the procedure may be found in the March, 1944, issue of the Florida Medical Journal.

NAME	T. L.	COUNTY
Barr, William C., Jr.	20	Martin
Doremus, Widmer E.	21	Orange
Stratford, William H.	22	Orange
Higgins, R. D.	23	Volusia
Johannes, A. D.	24	Orange
Ray, Ruth E.	25	Orange
Hopkins, Percy I.	26	Palm Beach
Thompson, Talmage S.	27	Sarasota

STATE NEWS ITEMS

Dr. Ray Lyman Wilbur, chairman of the Baruch Committee on Physical Medicine, and Dr. Frank H. Krusen, director, recently announced the names of nineteen scientists who will act on the organization's Scientific Advisory Committee and the Committee on War and Postwar Physical Rehabilitation and Reconditioning, which will have to do largely with wounded or ill soldiers.

The offices of the Committee, which was created by a recent gift of $1,100,000 from Bernard M. Baruch, are at 597 Madison Avenue. Miss Grace Keefe, executive secretary, will supply to those asking for it, copies of the report on which Mr. Baruch based his donation.

The purpose of the endowment is to further the study of the broad field of the use of physical procedures and facilities in the care of the sick.

Dr. William S. Manning, having returned from military service, announces the reopening of his office, June 1, in the Exchange Building, Jacksonville. Dr. Manning will limit his practice to the eye, ear, nose and throat.

Dr. Shaler Richardson of Jacksonville attended the annual meeting of the American Ophthalmological Society held at Hot Springs, Virginia, May 29 to 31.

Dr. W. T. Wootton of Hot Springs National Park, Ark., president of the Southern Medical Association, died Tuesday evening, May 2. Dr. James A. Ryan of Covington, Ky., succeeds the late Dr. Wootton as president.

Dr. R. D. Thompson, Medical Director of the State Tuberculosis Sanatorium at Orlando, was elected president of the Southern Conference on Tuberculosis at the group's annual meeting held in Chicago, May 9.

Dr. Willie J. Vinson of Miami announces that he has returned from military service and is now in private practice. He will be associated with Drs. Palmer and Chandler, 502 Huntington Building.

Dr. W. C. Payne of Pensacola addressed the Pensacola Rotary Club on May 31, as guest speaker. He discussed the Wagner-Murray-Dingell bill, now before Congress.

Dr. Walton B. Wall, Jr., of Jacksonville spent a week attending clinics in New York City during the month of May.

DEATHS

Dr. Julian H. Buff of Orlando died on May 10.

Dr. D. C. Thompson of Canal Point died on June 5.

Dr. Frederick H. Dieterich of Miami died recently.

JOHN CLEMENT ELLIS

Dr. John C. Ellis, prominent physician and civic leader of Perry, died April 19 at Panama City, following a brief illness.

Dr. Ellis was born in Gordon County, Ga., in 1882, the son of Lovic P. and Lucy Floyd Ellis. He was graduated from the Atlanta College of Physicians and Surgeons in 1906, and licensed in Florida in 1908. He located in Perry, Florida, in 1914, where he was physician for the Burton-Swartz Cypress Company for almost 30 years. He moved to Panama City about a year ago to serve as company physician for the Wainwright Shipbuilding Company.

Dr. Ellis was instrumental in organizing the Taylor County Health Unit. During his practice in Perry, he served as president and secretary of the Taylor County Medical Society. At the time of his death he was a member of the Bay County Medical Society, the Florida Medical Association and the American Medical Association. He was a member of the Methodist Church, the American Legion, the Rotary Club, and the Masons.

Surviving are his widow, Mrs. Connah Philyaw Ellis; two daughters, Mrs. Robert Kloeppel, Jr.. and Miss Lamar Ellis of Jacksonville; three brothers, a sister and two grandchildren.

CHAPMAN DYKES

Dr. Chapman Dykes, major in the medical corps, who practiced medicine in Carrabelle and Haines City for 17 years, died at Camp Davis, N. C., on May 3 after a short illness. He was 52 years of age.

A graduate of Emory University, class of 1916, Dr. Dykes was licensed to practice in this state in 1923. In 1925 he opened offices at Carrabelle, where he practiced for 15 years. He then moved to Haines City where he practiced for two years prior to volunteering in the medical corps in 1942. He entered service as a first lieutenant.

Dr. Dykes was a member of the Polk County Medical Society, the Florida Medical Association and the American Medical Association. He is survived by his wife, Mrs. Lillian Dykes, the former Miss Lillian Chapman of Columbus, Georgia.

JULIAN HOLT BUFF

Dr. Julian H. Buff, prominent Orlando Eye, Ear, Nose and Throat specialist, died at the age of 53 on Wednesday, May 10, following a short illness.

Dr. Buff was born in Elko, Ga., January 17, 1891, and received his medical training at Emory University, graduating in 1916. He was a member of the A. K. K. Medical Fraternity, and studied at the Cincinnati General Hospital.

He was licensed by the State of Florida in 1932 and became a member of the Orange County Medical Society and the Florida Medical Association in 1933.

Dr. Buff is survived by his widow, Mrs. Mary R. Buff of Orlando, and two daughters, Joyce and Claire of Atlanta. Brief funeral services were held in Orlando after which the body was shipped to Elko, Ga., for burial.

Cook County
Graduate School of Medicine
(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit
ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting July 10, July 24, August 2, and every two weeks throughout the year. One Week Course in Colon and Rectal Surgery starts October 23.

MEDICINE—Two Weeks Personal Course in Electrocardiography & Heart Disease starts August 7. Two Weeks Course Internal Medicine starts October 16.

GYNECOLOGY—Two Weeks Intensive Course starting October 2. One Month Personal Course starts August 7. One Week Course Vaginal Approach to Pelvic Surgery starts October 23.

OBSTETRICS—Two Weeks Intensive Course starts October 16.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

GASTROSCOPY—Personal Course starts October 16.

OTOLARYNGOLOGY—Two Weeks Intensive Course starts October 2.

ROENTGENOLOGY—Clinical Course X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital
Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

COMPONENT COUNTY SOCIETIES

DADE

The regular monthly meeting of the Dade County Medical Society was held Tuesday evening, May 2, in the Library of the Jackson Memorial Hospital. Dr. Wiley M. Sams, president, presided.

Dr. Philipp Rezek conducted a clinical pathologic conference which was very instructive.

DUVAL

The regular meeting of the Duval County Medical Society was held at St. Luke's Hospital on May 2, 1944, with Dr. J. G. Lyerly presiding. Dr. F. A. Copp introduced Dr. H. Marshall Taylor who presented a paper on "Traumatic Deafness." The paper was discussed by Dr. W. J. Knauer and there was a general discussion from the floor by Col. William S. Manning and Dr. Lucien Y. Dyrenforth.

LAKE

The Lake County Medical Society has paid 100% of its dues for 1944. Officers of this society are Dr. H. Spurgeon Cherry, Center Hill, president, and Dr. R. H. Williams, Eustis, secretary and treasurer.

MARION

One of the best attended meetings of the year was held at the Hotel Harrington, Ocala, on Thursday, May 18, at 12:30 p.m., when Dr. E. Laurence Scott discussed malpractice insurance and answered questions. The secretary distributed copies of the medical and surgical fee schedule of the Florida Workmen's Compensation Act to members present. It was reported that penicillin for charity cases is now supplied promptly by motorcycle express from the Orlando Pool Base.

PASCO-HERNANDO-CITRUS

Dr. W. B. Moon entertained this society at an oyster and roast duck dinner on the evening of April 18, at Magnolia Lodge in Crystal River. A hearty vote of appreciation was given to Dr. Moon for the splendid entertainment provided.

Dr. Robert G. Nelson of Tampa, the invited speaker, read an interesting paper on "Toxemia of Pregnancy and Its Treatment." The paper, which included an outline of the essayist's obstetrical work, was discussed by all members present. Dr. Moon, recently elected as senator from the ninth district which includes Citrus and Hernando Counties, was congratulated and given

HAVE YOU TRIED SPENCER SUPPORT



TO AID TREATMENT OF VISCEROPTOSIS NEPHROPTOSIS with Symptoms?

BREAST PROBLEMS?

Mastitis, nodules, nursing, prenatal, prolapsed atrophic breasts, ptosis, stasis in breast tissues, amputation.

Spencer Abdominal Support, shown open, revealing inner support section, which is adjustable from outside the support.

Sacroiliac Sprain?

Lumbosacral sprain also relieved by a Spencer. Each Spencer is designed individually for the one who is to wear it.

Ruptured Disc?

Spencer Spinal Supports are designed to provide *rigid* support when desired —also for postoperative cases.

Prenatal or Postpartum Backache?

Patients derive specific benefits and comfort from Spencer prenatal and postpartum supports designed to gently support lower abdomen and rest the back. Backache is relieved—and may be prevented.

Spondylarthritis and Sciatica?

Spencers are effective as aid to treatment. Spondylolisthesis, osteoporosis, congenital spinal weakness or deformities are other back conditions for which Spencer Supports are designed.

Hernia?

Spencers are prescribed to control inoperable hernia and also as a guard against development of hernia from sudden strain. Spencer postoperative supports are widely prescribed.

Back Injuries?

Spencer Spinal Supports are in wide use by orthopedists for fractured vertebrae and other back injuries, kyphosis, lordosis, scoliosis, spinal tuberculosis and malignancy.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address

..... 7R



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA

Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

"Florida's Surgical Supply House"

HENRY L. PARRAMORE
Pres. and Gen. Mgr.

T. EMMETT ANDERSON
Vice-President

YOUR PATRONAGE GREATLY APPRECIATED

BUY MORE WAR BONDS



THE ORTHO-FUSOR FOR BINOCULAR FIXATION VISUAL TRAINING

The Bausch & Lomb Ortho-Fusor is designed for binocular fusion exercise to supplement office treatments. Its compactness permits frequent, short-interval use in the home or office—wherever there is good light for reading.

For convergence insufficiency, low adduction, and cases of early-type presbyopia or latent hyperopia, this set is the equivalent of an ample range of base-in and base-out prisms. Available for immediate delivery. Complete, $9.50.

SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

best wishes on his achievement. Dr. W. W. Jones invited the society to meet with him in Dade City on May 18, and the invitation was accepted. Members present were Drs. J. T. Bradshaw, G. R. Creekmore, S. C. Harvard, P. J. Hudson, W. W. Jones, W. B. Moon and W. H. Walters; also Dr. Robert G. Nelson, the guest speaker.

The May meeting of this society was held on the evening of the 18th at Panasofkee Camp, Panasofkee. After the scientific session and business meeting, those present enjoyed fishing and boating as guests of Dr. and Mrs. W. Wardlaw Jones, who later entertained at a fish fry. A hearty vote of thanks was extended to Dr. and Mrs. Jones for the delightful entertainment provided. Dr. Claude L. Carter invited the society to meet with him Thursday evening, June 8, at Inverness. Members present were: Drs. Claude L. Carter, G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

PINELLAS

Three meetings of this society were held in June. On Friday, June 2, a dinner meeting was held at the Morton F. Plant Hospital at Clearwater. A scientific program was presented by the staff of the hospital. By invitation the members met at the Army and Navy Club Mess on Friday, June 9, when a discussion was held on neuropsychiatric rehabilitation. On Friday the 16th, Dr. A. J. Wood entertained the society at his home and acted as moderator during a round table discussion.

POLK

Drs. Leland F. Carlton and Charles M. Gray of Tampa were guest speakers at a meeting of the Polk County Medical Society held in Bartow on May 10. Dr. Carlton discussed "Carcinoma of the Cervix" and Dr. Gray spoke on "X-ray Treatment of Cancer."

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

SYNOPSIS OF DISEASES OF THE HEART AND ARTERIES. By George R. Herrmann, M. S., M. D., Ph. D., F. A. C. P., Professor of Medicine, University of Texas. Fabrikoid. Price, $5.00. Pp. 516, with 107 illustrations. St. Louis: C. V. Mosby Company, 1944.

VIRUS DISEASES IN MAN, ANIMAL AND PLANT. By Gustav Seiffert. A survey and reports covering the major research work done during the last decade. Cloth. Price, $5.00. Pp. 332, with illustrations. New York: Philosophical Library, 1944.

INDUSTRIAL OPHTHALMOLOGY. By Hedwig S. Kuhn, M. D., Hammond, Ind. Cloth. Price, $6.50. Pp. 294, with 114 illustrations. St. Louis: C. V. Mosby Company, 1944.

THE MANAGEMENT OF NEUROSYPHILIS. By Bernhard Dattner, M. D., Associate Clinical Professor of Neurology, New York University Medical College; with the collaboration of Evan W. Thomas, M. D., Assistant Professor of Medicine and Assistant Professor of Dermatology and Syphilology, New York University Medical College, and Gertrude Wexler, M. D., Instructor in Dermatology and Syphilology, New York University Medical College, New York City. A world-wide survey of all methods used in the management of syphilis of the central nervous system; a practical manual of diagnostic and therapeutic procedures, with specially detailed description and illustration of technics of spinal fluid examination; a textbook of fundamentals, systematizing accumulated clinical and research knowledge; an interpretative summation of present-day standpoints and lines of advance. Cloth. Price, $5.50. Pp. 420, with 40 illustrations. New York: Grune & Stratton, 1944.

TREATMENT OF PEPTIC ULCER. By George J. Heuer, M. D., Professor of Surgery, Cornell University Medical College and Surgeon-in-Chief, New York Hospital, New York. This book helps the physician to meet a current need, as cited by an editorial in Surgery, Gynecology and Obstetrics, March 1944: "The seriousness of the ulcer problem is evidenced by the unexpected frequency of peptic ulcers in the civil population (especially among young men) as revealed by physical examinations incident to the war." Fabrikoid. Price, $3.00. Pp. 118, with illustrations. Philadelphia: J. B. Lippincott Company, 1944.

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

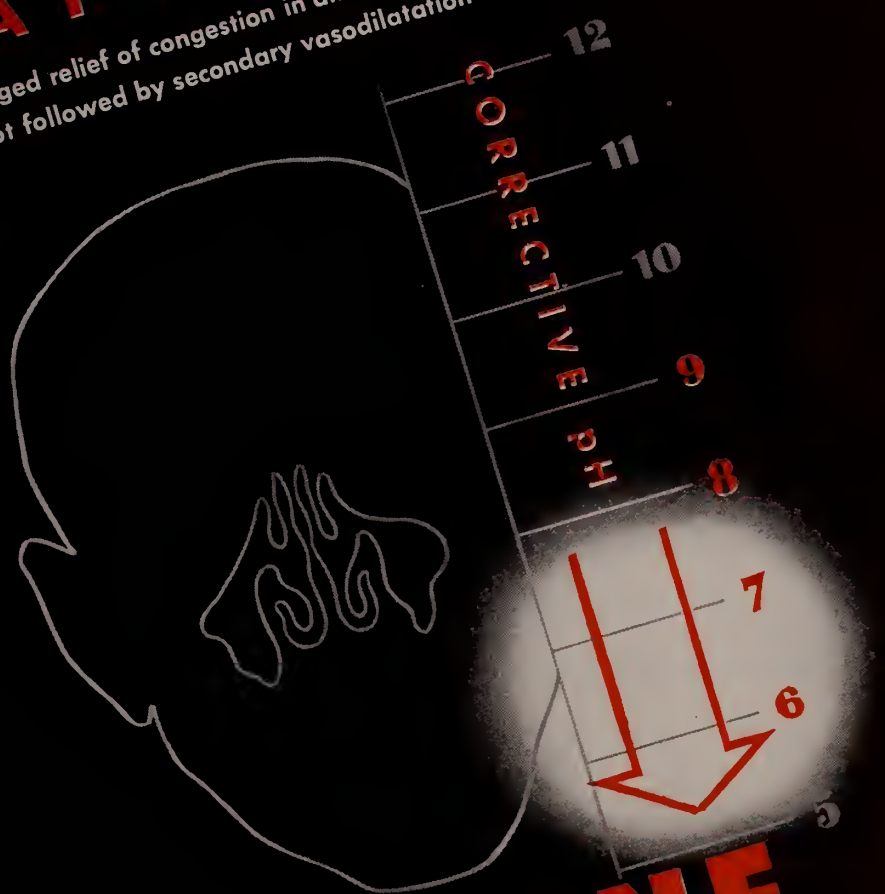
Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 Phone 52101
MIAMI, FLORIDA MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

HAY FEVER

Prolonged relief of congestion in allergic rhinitis
. . . not followed by secondary vasodilatation



*PRIVINE hydrochloride

Aqueous, isotonic solution, buffered at pH 6.2 readjusts alkaline pathologic secretions to normal acid range, favors ciliary action, facilitates healing.

*Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

Ciba Pharmaceutical Products, Inc., Summit, N. J.

ADVERTISERS' NOTES

DURING FOOD SHORTAGES

It is well to bear in mind that *dried brewers'* yeast, weight for weight, is the richest food source of the Vitamin B Complex. For example, as little as 1 level teaspoonful (2.5 Gm.) Mead's Brewers Yeast Powder supplies: 45% of the average adult daily thiamine allowance, 8% of the average adult daily riboflavin allowance, 10% of the average adult daily niacin allowance.

This is in addition to the other factors that occur naturally in yeast such as pyrodoxin, pantothenic acid, etc.

Send for tested wartime recipes, the flavors of which are not affected by the inclusion of Mead's Brewers Yeast Powder. Mead Johnson & Company, Evansville, Ind. U. S. A.

BAUSCH & LOMB RECEIVES TWO NATIONAL AWARDS

In a double ceremony, the Bausch & Lomb Optical Co. of Rochester, N. Y., received recognition for two phases of its war work.

The first was the National Security Award, which was presented by Col. Ralph C. Bishop on behalf of the U. S. Office of Civilian Defense. It is in recognition of the maintenance of superior standards of protection and security.

The second award was the citation of the Bausch & Lomb Chorus by the Music War Council of America, an organization founded by musical instrument dealers, music publishers, and music trade associations for the purpose of "mobilizing all forms of music for the national war effort, that our armed forces, civilian workers, and children may have the advantages of the recreational and educational benefits and the patriotic inspiration that music affords."

AO DELIVERS OPTICAL UNITS TO THE NAVY AND ARMY

The Navy's program of eye-correction, inaugurated some months ago when the Navy began accepting selectees with vision below par, is rapidly expanding in scope, according to the American Optical Company which announces the delivery to the Navy of four mobile optical units and two base type units.

Built at the request of the Navy's Bureau of Medicine and Surgery, the *mobile* units are designed to provide emergency glasses for sailors in places where no other visual help can be secured. Each unit contains equipment for one-man mounting laboratory: small instruments and tools, ground and edged lenses, frames, temples, cases, and small repair parts. This mobile unit provides the simplest possible method of making emergency optical replacements by utilizing ground and edged lenses of a fixed size and shape.

The purpose of the Navy's *base* unit is to provide a self-contained mounting and edging laboratory, thus enabling the Navy to provide glasses for its personnel —particularly in areas where regular optical services are not available. Each unit is completely equipped with the necessary mounting and edging equipment for a two-man laboratory: instruments and tools, uncut lenses of different sizes and shapes, frames, temples, cases and repair parts.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

Accident, Hospital, Sickness
INSURANCE
FOR ETHICAL PRACTITIONERS EXCLUSIVELY
(59,000 POLICIES IN FORCE)

$5,000.00 accidental death **$25.00 weekly indemnity, accident and sickness**	**For $32.00 per year**
$10,000.00 accidental death **$50.00 weekly indemnity, accident and sickness**	**For $64.00 per year**
$15,000.00 accidental death **$75.00 weekly indemnity, accident and sickness**	**For $96.00 per year**

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
Disability need not be incurred in line of duty—benefits from the beginning day of disability
86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.

Summer Heat . . .
Phagocytosis . . .
Protein Need . . .

The efficacy of phagocytosis is definitely linked to adequate protein intake. As environmental temperature rises, the diet-percentage of protein apparently must rise proportionately, to maintain phagocytosis at optimum.* Meat is a rich source of proteins, and its proteins are of highest biologic quality, the RIGHT KIND for every bodily need, including phagocyte activity.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

* Commenting editorially on the work of Mills and Cottingham (J. Immunol. 47:503 [Dec.] 1943), THE JOURNAL states: "They found that after five and one-half weeks maintenance at 68 F. rats showed a maximum phagocytic activity on diets containing 18 per cent of protein. There was a definite decrease in phagocytic activity with an increase or decrease from this level. In rats maintained at 90+F. the phagocytic optimum diet was 36 per cent of protein. Thus adequate protein intake would seem to be fully as important as adequate vitamin intake to maintain optimal phagocytic activity (resistance to microbic infections). The immunologic optimum protein intake is higher in the tropics than in temperate climates. . . . This demonstration of important variations in phagocytic functions is a pioneer contribution to basic immunologic theory and may have wide clinical implications." (J.A.M.A. 124:1203 [April 22] 1944.)

AMERICAN MEAT INSTITUTE
MAIN OFFICE, CHICAGO...MEMBERS THROUGHOUT THE UNITED STATES

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

MRS. W. C. WILLIAMS, OUR PRESIDENT

Mrs. W. C. Williams, newly elected president of the Woman's Auxiliary to the Florida Medical Association, is a resident of West Palm Beach and the wife of one of Florida's most prominent physicians.

She is a native of Pennsylvania. Her parents were pioneers of Delray, Florida, when Dade county comprised Palm Beach, Broward and Dade in 1896, the year the Poinciana Hotel was built. She was educated in the public schools of Florida and attended Wesleyan College, Macon, Ga., the oldest woman's college in the world, where she was a classmate of Eling Soong, sister of Madame Chiang Kai-shek, the first lady of China.

Mrs. Williams has been active in church and civic affairs both in Delray and West Palm Beach. She was president of Delray Beach Music Club at the time it was federated, and is a past president of West Palm Beach Music Club. She is camp chairman of the Girl Scout Council of the Palm Beaches and a member of the Regional Camp Committee; a past president of Founders' Circle of the Garden Club. She is an active member of Holy Trinity Episcopal Church, and president of the Woman's Auxiliary. She is co-chairman of the Federation of Church Women of the Palm Beaches. She is also active in Red Cross work, having served for a long time as chairman of supplies and packing surgical dressings.

Mrs. Williams is well qualified for the high position she holds as a distinguished leader. She possesses those rare charms of feminine grace and dignity which go to make up a rich, cultured personality. We wish for her a most successful administration.



Ethel Sterling Williams (Mrs. W. C.)

A MESSAGE FROM THE PRESIDENT

Dear Members and Co-Workers:

For the past two years it has been my happy privilege to serve as your state secretary-treasurer, and now as I assume the responsibility of president, I do so with the full knowledge that I have your confidence and sympathetic understanding as we work together in these trying war days to further the high standards of our great organization.

Our way of living has been drastically changed. New obligations have been assumed and every day brings added duties. We are ready for new adjustments but we are also mindful of our first obligation to allow nothing, as far as we are able, to disturb our normal way of living, realizing full well our role as "the doctor's wife."

Auxiliary members can do much to justify the confidence of the public by working with

a complete unit for approved contraceptive technique

provides for patient comparison of Jelly and Cream (no extra cost)



The Koromex Set Complete contains in a handsome case:

Koromex Diaphragm with special pouch

Koromex Trip Release Introducer (takes all size diaphragms)

Tube Koromex Jelly (higher lubricating factor)

Tube Koromex Cream (lower lubricating factor) formerly H R Emulsion Cream

Set Dickinson-Freret Fitting Charts

Price of Koromex Set Complete is only that of the Koromex Diaphragm and Koromex Trip Release Introducer. Attractively packaged with removable label. To prescribe, just write "Koromex Set Complete" and state size of diaphragm. **Write for literature.**

Holland-Rantos *Company, Inc.*

551 Fifth Avenue, New York 17, N. Y.

lay groups and trying as far as possible to promote the high aims of the medical profession, while so many of the doctors are in the service and doing their part to aid the war effort. Please do everything possible to keep your local auxiliaries intact, and sponsor constructive programs that will enable you to become a greater asset to your community. Stand in readiness at all times to meet any emergency.

District meetings will be discontinued until transportation problems improve. Please send me a list of your new officers and committee chairmen at once, and just as soon as the "*Charges*" for the year are sent out and your plans are complete for your Auxiliary meetings, I shall be glad to arrange for a visit with each of you. In the meantime, if I can be of service to you in any way, please command me. I shall consider it a great privilege to serve you. Again, thank you for the high honor which you have conferred upon me; I trust that we may have a most successful year together.

Cordially yours,

(Mrs. W. C.) Ethel Sterling Williams,
President.

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

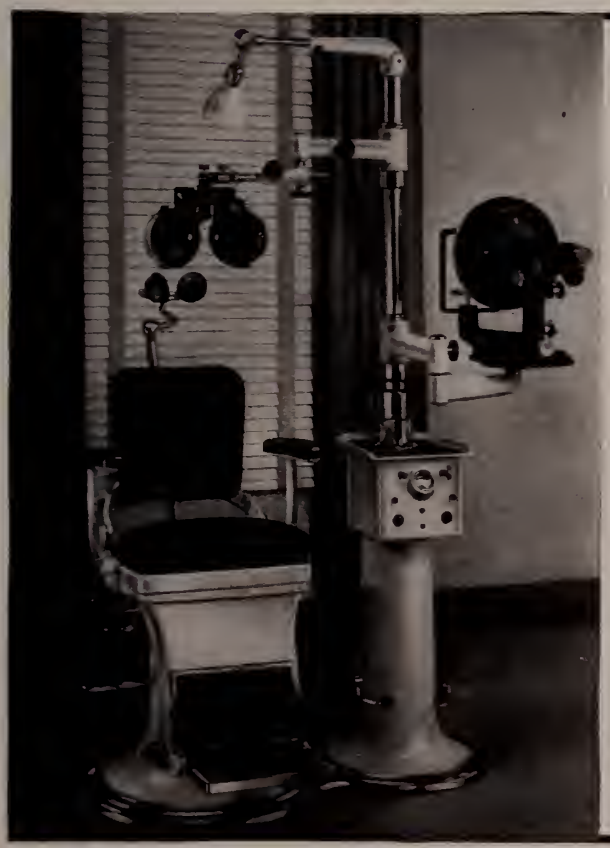
for Quick Action!
in the Respiratory and Circulatory Emergencies
of Intravenous Barbiturate Anesthesia
inject Metrazol
COUNCIL ACCEPTED
1 to 3 cc. and repeat
intravenously, intramuscularly, subcutaneously
Ampules 1 and 3 cc.,
tablets, solution, powder
collapse following accidents or surgical trauma
opiate and barbiturate depression · asphyxia
denarcotization after general anesthesia ·
circulatory and respiratory support in the emergencies of pneumonia · · · · · ·
Metrazol, brand of pentamethylentetrazol,
Trade Mark, reg. U. S. Pat. Off.
BILHUBER-KNOLL CORP. - - ORANGE, NEW JERSEY

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.



Back In Production!

AO OPHTHALMIC CHAIR AND UNIT

ATTRACTIVE . . . DURABLE . . . EFFICIENT

If you've been waiting for the opportunity to secure an ophthalmic chair and unit, here's good news! WPB restrictions now permit manufacture of the AO De Luxe Ophthalmic Chair and Unit. True—production is limited and delivery will be slow, but *now* is the time to place your order.

Consisting of a combination oil compression chair and instrument stand, this unit is especially designed for modern refracting requirements. It gives your refracting room the true professional appearance you desire. The adjustable De Luxe chair provides perfect comfort for your patients . . . puts them at ease. The instrument stand, also adjustable, helps facilitate the complete examination. For complete information, contact your AO representative.

American Optical COMPANY



LONG LAST
Laboratory tested

Why Waste Time in the Dark Room?

Develop your films in "LONG LAST", tested chemicals. Works fine in hard or soft water.

A **3 minute** developer with excellent contrast.

Films will FIX completely **in 3 minutes.** If your dealer can't supply you, write us direct and we will arrange. Standard prices.

Manufacturers of Concentrate Photographic and X-ray chemicals.

SURLES X-RAY CO.
34-11 56th Street, Woodside, N. Y.

The Brown School
San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
American Medical Association	James E. Paullin, Atlanta, Ga.	Olin West, Chicago	Chicago, June 12-16, 1944
Southern Medical Association	James A. Ryan, Covington, Ky.	Mr. C. P. Loranz, Birmingham	St. Louis, Nov. 13-16, 1944
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 1
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, Nov. 4, 1944
Dental Society, State	E. C. Lunsford, D.D.S., Miami	H. L. Cartee, D.D.S., Miami	Miami Beach, Nov. 9-11, 1
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowden, Orlando	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	George S. McClellan, Pompano	W. M. Rowlett, Tampa	
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas. Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	A. P. Black, Gainesville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 4-6, 1944
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. M. M. Ebert, Lake Wales	Mrs. May Pynchon, Jacksonville	Jacksonville, June 6, 7, 194
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	
Southeastern Surgical Congress	Alton Ochsner. New Orleans	B. T. Beasley, Atlanta	Postponed
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

LIFEGUARD ON DUTY



FRONT-LINE first aid... plasma, emergency operations under fire...cuts casualty rates astonishingly. Physicians of World War II constantly face sudden death to bring modern medical miracles to fallen troops. Harrying, the war doctor's life. Weary grinds. Respites rare. Perhaps only a few moments or so now and then... time off for a welcome cigarette. A Camel, most likely—favorite brand in the armed forces.* Camel, first choice for mellow mildness, for appealing flavor . . . in this war, as in the last, cigarette of fighting men.





1st in the Service

*With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

Camel
costlier tobaccos

BUY WAR BONDS STAMPS

● New reprint available on cigarette research — Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Sq., New York 17, N.Y.



Remember the days when people scoffed at the "dreams" of a few men... dreams of the average American "taking to the air"? Year by year, increasing numbers of travelers... no longer chained to earth by fear and ignorance... whisk through the air and accept it as a regular part of life.

There were days, too, when people avoided MARGARINE. But that was yesterday. Fortified MARGARINE'S present vitamin A content, its nutritious American fats which provide the important unsaturated fatty acids, plus its increased palatability, sweetness, freshness and... ease of digestibility ... have made it an outstanding nutritious spread and cooking fat.

Prejudice against Fortified MARGARINE is as ridiculous as would be a prejudice against the modern airplane, for this energy-producing food is part of the seven basic food groups needed for good nutrition.

NATIONAL ASSOCIATION OF MARGARINE MANUFACTURERS

MUNSEY BUILDING
WASHINGTON, D. C.

Seal indicates these statements are acceptable to the Council on Foods and Nutrition of the A. M. A.



1 pound of MARGARINE provides wholesome, easily digested vegetable oils and/or meat fats of American origin together with a minimum of 9,000 I. U. of vitamin A. Each batch undergoes numerous tests for quality and stability.

Dept. 15

PROFESSIONAL SERVICE DIVISION,
NATIONAL ASSOCIATION OF MARGARINE MANUFACTURERS,
MUNSEY BUILDING, WASHINGTON 4, D. C.

Kindly forward a complimentary copy of "Margarine in the Wartime Diet."

Name_____

Street_____

City_____ State_____

Have you seen the latest about

PENICILLIN?

Wyeth Incorporated is pledged to keep you immediately informed about anything new or clarifying occurring in the penicillin situation.

Have you seen the most recent authoritative penicillin information concerning indications, contra-indications, mode of administration, and dosage?

If you would like to have this information, we suggest that you simply write the one-word question, "Penicillin?" on the back of your professional card and mail to Wyeth Incorporated, Reichel Division, Philadelphia.

We will gladly hurry the information to you. We believe it will find a useful place in your file.

PENICILLIN

Wyeth

REG. U.S. PAT. OFF.





NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

THE N.Y. ACADEMY OF MEDICINE

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI AUGUST, 1944 No. 2

CONTENTS

Torsion of the Omentum, R. R. Killinger, M. D., Jacksonville 61

Guillain-Barré Syndrome; A Brief Review of the Literature and the Presentation of a Case, Scheffel Wright, M. D., and Jim Jewett, M. D., Miami 64

Editorials: The One Foundation; From My Point of View 68

A. M. A. Meeting 69

Report of Florida Delegates to A. M. A. House of Delegates 70

Medical Postgraduate Course 70

State News Items 72

Births and Deaths 74

Component County Society Notes 74

Advertisers' Notes 76

Books Received 76

Woman's Auxiliary 78

Schedule of Meetings 82

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.



Effective Prophylaxis, Efficient Treatment for CHIGGERS

Now's the time the troublesome chigger mite starts his regular summer offensive!

But he folds up quickly, completely—under the effective action of Sulfur Foam Applicators, Wyeth.

These applicators distribute particles of sulfur evenly, thoroughly, over the body in a most effective medium—bland soap foam.

N. B.: "The superiority of this form of sulfur over powders, ointments, pastes, etc., is without challenge."*

During the coming chigger season, this timely prescription product will bring enthusiastic thanks from grateful patients!

A Pharmaceutical Product of
WYETH INCORPORATED
Philadelphia



*Romeo, Z. J.: Sulfur and Soap as Effective Prophylaxis Against "Chiggers" (Red Bugs) in the Army, Mil. Surgeon, *90:* 437-439 (April) 1942.



In treating those who recklessly "eat on" extra pounds, the physician may recommend a low calory diet which fails to achieve vitamin balance and thus afflicts the patient with a more serious condition than obesity. While chastening these patients on grapefruit and lettuce, the doctor can supplement their daily diet with one of Upjohn's small, easy-to-take vitamin preparations and provide an indispensable minimum of protective vitamins without the material addition of calories. Upjohn's penny-wise vitamins, small in size, high in potency, ensure *safe* reducing diets for the pound-foolish.

UPJOHN VITAMINS

Upjohn
KALAMAZOO, MICHIGAN

DO MORE THAN BEFORE — KEEP ON BUYING WAR BONDS

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

Tbis Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable

WALKER VITAMINS
are good vitamins

COUNCIL ACCEPTED

Ethical preparations of finest quality . . . pure, potent and rigidly standardized . . . advertised exclusively to the profession, and sold at consistently economical prices.

TABLETS

Thiamine Hcl.	1 Mg.
Thiamine Hcl.	3 Mg.
Thiamine Hcl.	5 Mg.
Thiamine Hcl.	10 Mg.
Ascorbic Acid	25 Mg.
Ascorbic Acid	50 Mg.
Ascorbic Acid	100 Mg.
Riboflavin	1 Mg.
Riboflavin	5 Mg.
Niacin	20 Mg.
Niacin	50 Mg.
Niacin	100 Mg.
Niacinamide	20 Mg.
Niacinamide	50 Mg.
Niacinamide	100 Mg.

SOLUTIONS

Sol. Thiamine Hcl. Oral
(100 I.U. per drop)
Con. Oleo A-D Drops
(2000 I.U. A and 300 I.U. D per drop)

CAPSULES

Oleo Vitamin A Capsules 25,000 I.U.

for prices and full details, write
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON • NEW YORK



For Surgical Antisepsis

Zephiran Chloride is a germicide of high bactericidal and bacteriostatic potency. In proper dilutions it is nonirritating and relatively nontoxic to tissue cells.

Zephiran Chloride possesses detergent, keratolytic and emulsifying properties, which favor penetration of tissue surfaces, hence removing dirt, skin fats and desquamating skin.

INDICATIONS

Zephiran Chloride is widely employed for skin and mucous membrane antisepsis—for preoperative disinfection of skin, denuded skin and mucous membranes, for vaginal instillation and irrigation, for vesical and urethral irrigation, for wet dressings, for irrigation in eye, ear, nose and throat infections, etc.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

HOW SUPPLIED

Zephiran Chloride is available in

TINCTURE 1:1000 Tinted

TINCTURE 1:1000 Stainless

AQUEOUS SOLUTION 1:1000

in 8 ounce and 1 gallon bottles.

Write for informative booklet

WINTHROP

ARMY NAVY

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y. • WINDSOR, ONT.

ZEPHIRAN CHLORIDE

"Zephiran" Trademark Reg. U.S. Pat. Off. & Canada

Brand of BENZALKONIUM CHLORIDE REFINED



Accent on *Velvet Smoothness*

The process used in manufacturing the "RAMSES"* Flexible Cushioned Diaphragm produces a dome which is soft and pliable and can best be described as being as smooth as velvet.

This velvet-smoothness lessens the possibility of irritation during use.

The "RAMSES" Flexible Cushioned Diaphragm is manufactured in sizes of 50 to 95 millimeters in gradations of 5 millimeters. It is available on the order or prescription of the physician through any recognized pharmacy.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Ramses
TRADE MARK REG U S PAT OFF.

FLEXIBLE CUSHIONED
DIAPHRAGM

*The word "RAMSES" is the registered trademark of Julius Schmid, Inc.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55th Street New York 19, N. Y.

A MARK OF Ramses DEPENDABILITY



War ...in white

Always exposed to enemy fire, bombing, the field clearing-station surgeons work under the worst hazards ever faced by "soldiers in white." Naturally, their brief respites . . . the occasional "breaks" for smokes . . . are delightful moments.

More delightful because their cigarette is likely to be a Camel... the milder, more flavorful brand favored in the armed forces.*

Today . . . as in the first world war . . . Camel is the "soldier's cigarette," every puff a cheering highlight in a fighting man's life.





1st in the Service

*With men in the Army, the Navy, the Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

Camel

COSTLIER TOBACCOS

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

TO PLACE MORE PENICILLIN

IN THE HANDS OF THOSE WHO NEED IT



PENICILLIN *Schenley*

WHEN the great need for Penicillin developed, it was natural that, with experience in the field of mycology and fermentation research, Schenley should turn its extensive facilities to this humanitarian cause.

The full-time services of our research staff were immediately applied to the task of perfecting a large-scale *Penicillin*-producing method. Progress was sufficiently successful to earn a place for Schenley among the 21 firms designated for production of the precious drug.

Today, *Penicillin* Schenley is augmenting the nation's supply of this valuable antibacterial agent. Our goal in these efforts is to aid in furnishing sufficient *Penicillin* to fill the fullest needs of both military and civilian medicine.

A RADIO PROGRAM DEDICATED TO AMERICA'S PHYSICIANS

"THE DOCTOR FIGHTS"
starring RAYMOND MASSEY

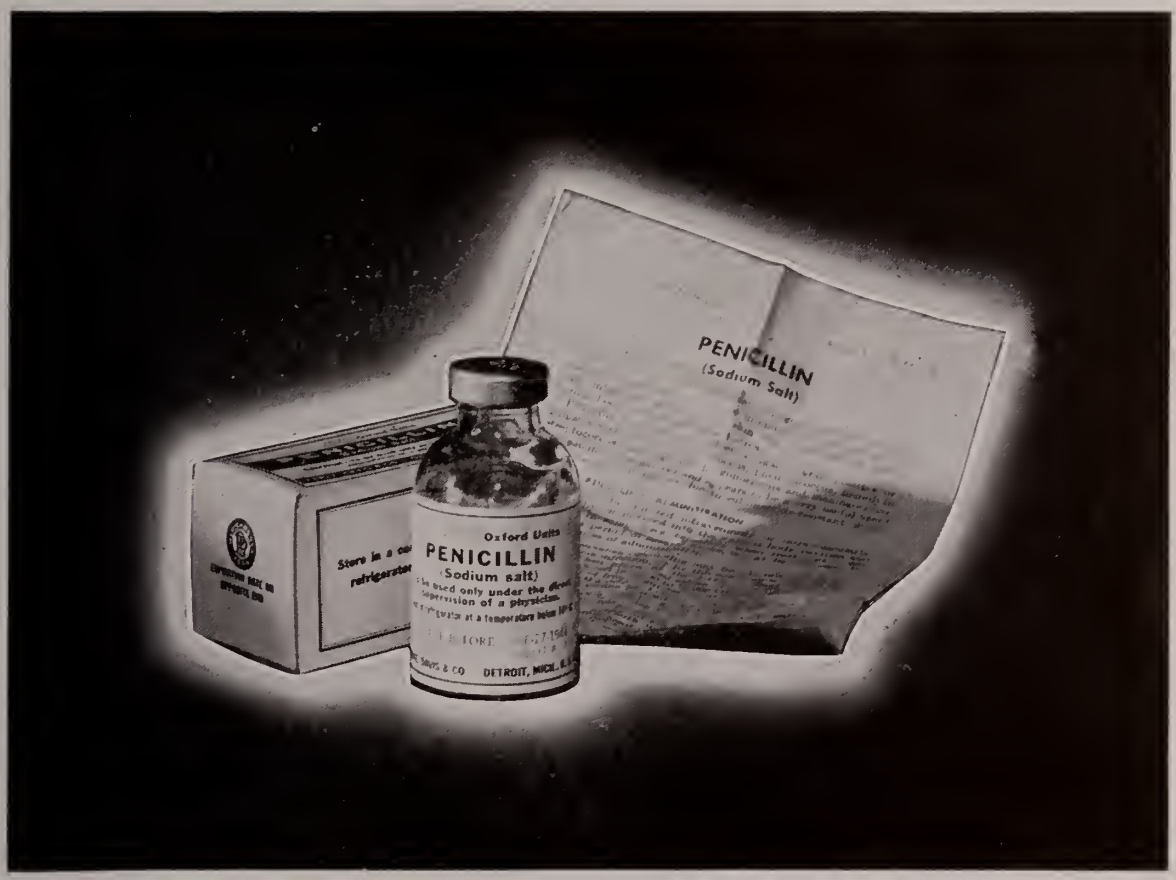
. . . a report to the nation on the widespread activities of America's doctors at war. We believe you will find this program of interest. Your suggestions or comments are welcomed.

Tuesday Evenings • Columbia Broadcasting System

9:30 E.W.T. • 8:30 C.W.T.

SCHENLEY LABORATORIES, INC.

Lawrenceburg, Ind.



PENICILLIN

PARKE, DAVIS & COMPANY

When Parke, Davis & Co. began the commercial production of Penicillin in the summer of 1943, the world-wide output of this precious material was almost negligible. Today Penicillin has become a standard therapeutic agent—supplied in quantities needed for the Allied armed forces and for use in research and treatment of selected cases, and now increasingly available for use in civilian practice.

Parke-Davis Penicillin is packaged in rubber-diaphragm-capped vials containing 100,000 Oxford units. Instructions for clinical use of Penicillin are available upon request.

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN



IF A PATIENT
WANTS INFORMATION
REGARDING THE

ADVANTAGES

of internal menstrual protection

Primarily, the unique functional design of the Tampax vaginal tampon accounts for its numerous advantages—anatomic, physiologic and psychologic.

As one gynecologist[1] stated, at the conclusion of a study involving more than 2,300 cases of all types (many of whom employed Tampax over extended periods): "The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep." He continued, "Many say they can forget that they are menstruating and so are without the disturbing annoyance they had every time they menstruated."

A general practitioner[2], after studying 21 patients, remarked: "All patients were favorably impressed after using the tampons. Some said that they eliminated the chafing and itching caused by the usual external pads. Some said that they eliminated a 'wet feeling' or 'unpleasant odor'. Others preferred them because they could indulge in sports with greater freedom."

And another specialist[3], after observing 110 women (both single and married) who employed vaginal tampons throughout each period for from 1 to 2 years, reported that "because of the greater comfort experienced, 103 subjects preferred to continue to use the tampons through part or all of the menstrual period rather than to return to the use of the perineal pad alone."

Such opinions reflect the reactions of thousands of women in all walks of life who have experienced the advantages inherent in the Tampax method of menstrual hygiene.

(1) West. J. Surg., Obst. & Gyn., 51:150, 1943.
(2) Clin. Med. & Surg., 46:327, 1939.
(3) Am. J. Obst. & Gyn., 46:259, 1943.

TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax.

FL-84

Name_____

Address_____

City_____

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

Heroes of the United States Medical Services



SURGEON LEWIS HEERMANN
(1779-1833) U. S. Navy

"MY LIFE, SIR, is not more valuable than that of any of the other brave officers... the presence of a professional man to assist the wounded might save many valuable lives which may be sacrificed from loss of blood or the want of a surgeon."

Such was the reply of Surgeon Lewis Heermann to Decatur when advised to seek safety during the battle of Tripoli Harbor in 1804. Those words became immortal, for they echo the sentiments of all physicians of the U. S. Navy. Physicians serve today, as they did 140 years ago, in the thick of battle, placing the welfare of their men above any thought of personal safety.

Ciba Pharmaceutical Products, Inc. salutes the men in the Medical Services of the United States as well as those in civilian forces responsible for health "behind the lines."

Battleship Surgeon



© 1944, C. P. P., Inc.

Ciba PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY
CANADIAN BRANCH: MONTREAL, QUEBEC
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH



A CONSTANT STANDARD

FOR over a decade the potency of Digifolin* has been constant and unvarying . . . its standards and assay methods have not changed. The physician is assured of predictable results in dosages he has always used.

DIGIFOLIN

Ampuls • Tablets • Solution

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

*Trade Mark Reg. U. S. Pat. Off. "Digifolin" identifies the product of digitalis glycosides of Ciba's manufacture.

ARMY E NAVY

Tomorrow's Medicines from Today's Research

Ciba

Pharmaceutical Products, Inc.

SUMMIT, NEW JERSEY

CANADIAN BRANCH: MONTREAL, QUEBEC

He won't dodge this-



Don't *you* dodge this!



The kid'll be right there when his C.O. finally gives the signal . . .

There'll be no time to think of better things to do with his life. *The kid's giving all he's got, now!*

We've got to do the same. This is the time for us to throw in everything *we've* got.

This is the time to dig out that *extra* hundred bucks and spend it for Invasion Bonds.

Or make it $200. Or $1000. Or $1,000,000. There's no ceiling on this one!

Make no mistake! The 5th War Loan is the biggest, the most vitally important financial effort of this whole war!

5TH WAR LOAN

Back the Attack! - BUY MORE THAN BEFORE

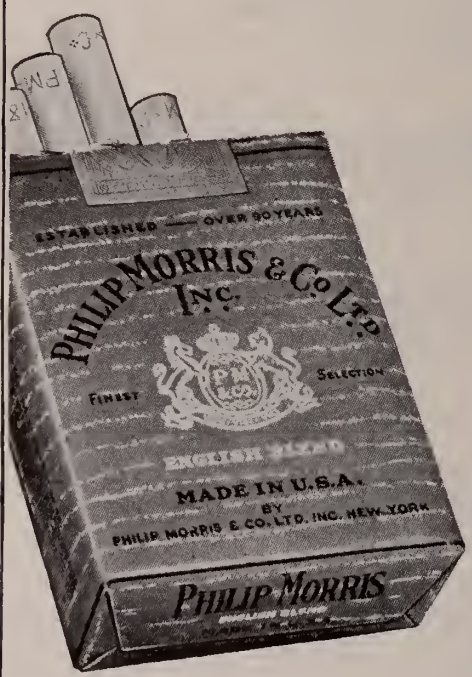
FLORIDA MEDICAL ASSOCIATION

This is an official U. S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

Only one cigarette

PROVED

less irritating



It is significant that no other leading cigarette has even *claimed* to be less irritating than PHILIP MORRIS!

PHILIP MORRIS Cigarettes are *made* differently. From a different formula. With a different effect on smokers' throats.

These are not mere statements. You can see the facts for yourself in published studies.* They showed conclusively, in both clinical and laboratory tests, made by fully accredited authorities, that irritation due to smoking is appreciably *less* on smoking PHILIP MORRIS . . . that PHILIP MORRIS are appreciably *more* desirable for smokers with sensitive throats.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



To Speed the Day

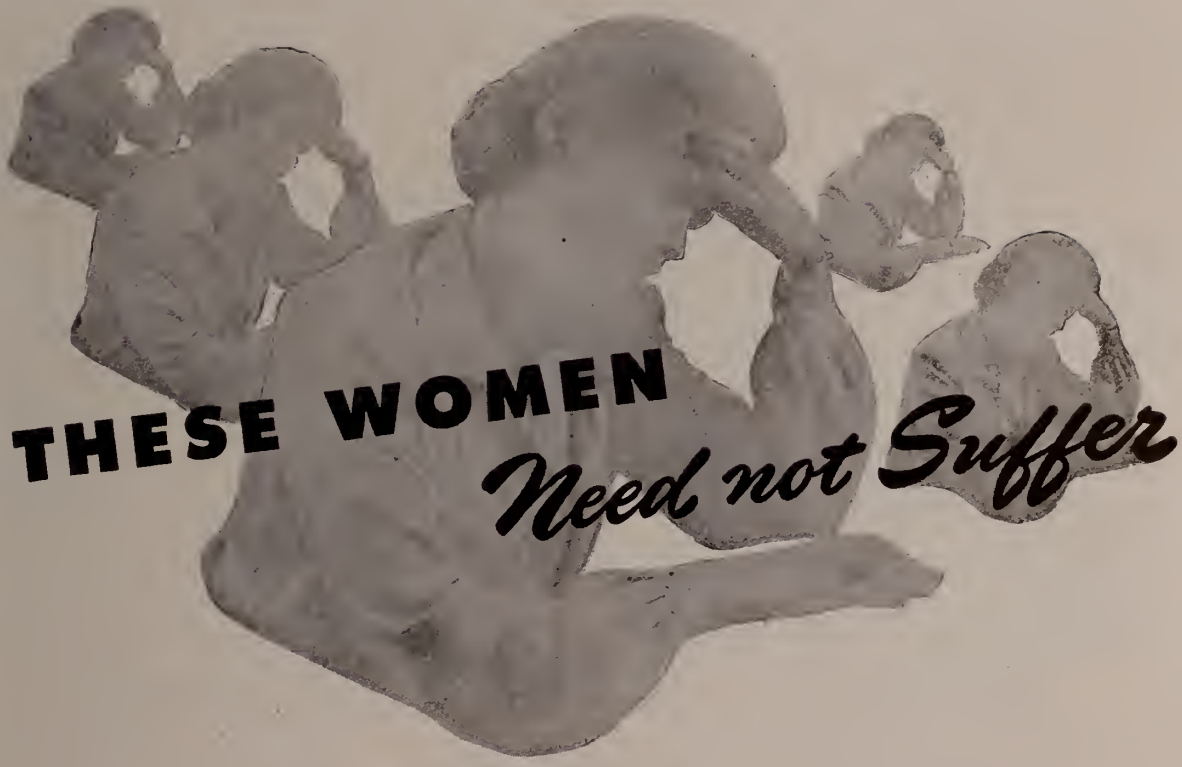
The promise of penicillin . . . precious, life-saving antibiotic derived from *Penicillium notatum* . . . will not be fully realized until this drug is available in sufficient quantities to work its miracles in every city, town, and hamlet in the country.

Cheplin Biological Laboratories are actively engaged in the production of penicillin and are making intensive efforts to increase its output to the point where all restrictions on its civilian use can be removed. We are doing our utmost to speed the day when this drug will be found in every physician's bag and every pharmacist's prescription room.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN
BIOLOGICAL LABORATORIES, INC.
(Unit of Bristol-Myers Company)
SYRACUSE, NEW YORK


Quality
carries on
Coca-Cola
TRADE MARK REGISTERED
BOTTLE PAT. D-105579
Drink
Coca-Cola
TRADE-MARK REG U.S. PAT. OFF.
Delicious and
Refreshing



THESE WOMEN *Need not Suffer*

For some women the climacteric is practically uneventful except for the cessation of menstrual function. To others the cessation of ovarian activity becomes a crisis to themselves and their families.

One of the valued contributions of endocrinology was the discovery and isolation of potent estrogens and their usefulness in alleviating the distressing symptoms of the menopause.

Within the last five years the natural estrogens have decreased in cost while orally administered diethylstilbestrol costing only one or two cents a day has brought estrogenic therapy within the reach of every woman.

• The Squibb Laboratories supply the *natural* estrogens Amniotin, in a variety of dosage forms for use orally, intravaginally or by hypodermic injection. The present price of Amniotin in Oil in capsules is the lowest in history; for injection, Amniotin in Oil in the vial packages makes the cost per dose relatively inexpensive and enables the physician to vary the dosage to fit the patient's requirements.

Diethylstilbestrol Squibb is available in a like variety of dosage forms except that for oral administration it is supplied in tablets rather than capsules. Reports in the literature indicate that, where excessive dosage is avoided, many patients acquire a tolerance to the drug and are able to take it without discomfort.

For literature address the Professional Service Dept., 745 Fifth Ave., New York 22, N. Y.

E·R·SQUIBB & SONS

Manufacturing Chemists to the Medical Profession Since 1858

BUY AN EXTRA WAR BOND . . . — FOR VICTORY



Proteins...Vitamins...Minerals

AS SOON AS LIQUIDS ARE RETAINED

The insult of anesthesia, tissue manipulation, unavoidable trauma, and enforced starvation sharply raise the nutritional requirements of the postoperative patient. Hence feeding must be started as early as possible to prevent too great a nutritional imbalance. Also, recovery is hastened and strength is gained more quickly when postoperative metabolic needs are supplied adequately.

Usually tolerated as early as liquids are retained, Ovaltine as a beverage provides a simple yet highly effective means of improving the nutritional state of the postsurgical patient. Its essential nutrients, well balanced and generously supplied, are in easily assimilated form. Thus the digestive burden is materially reduced. The delicious taste of this food drink proves appealing to all patients, young and old, making Ovaltine acceptable when many other foods are refused.

THE WANDER COMPANY, 360 North Michigan Avenue, Chicago 1, Illinois

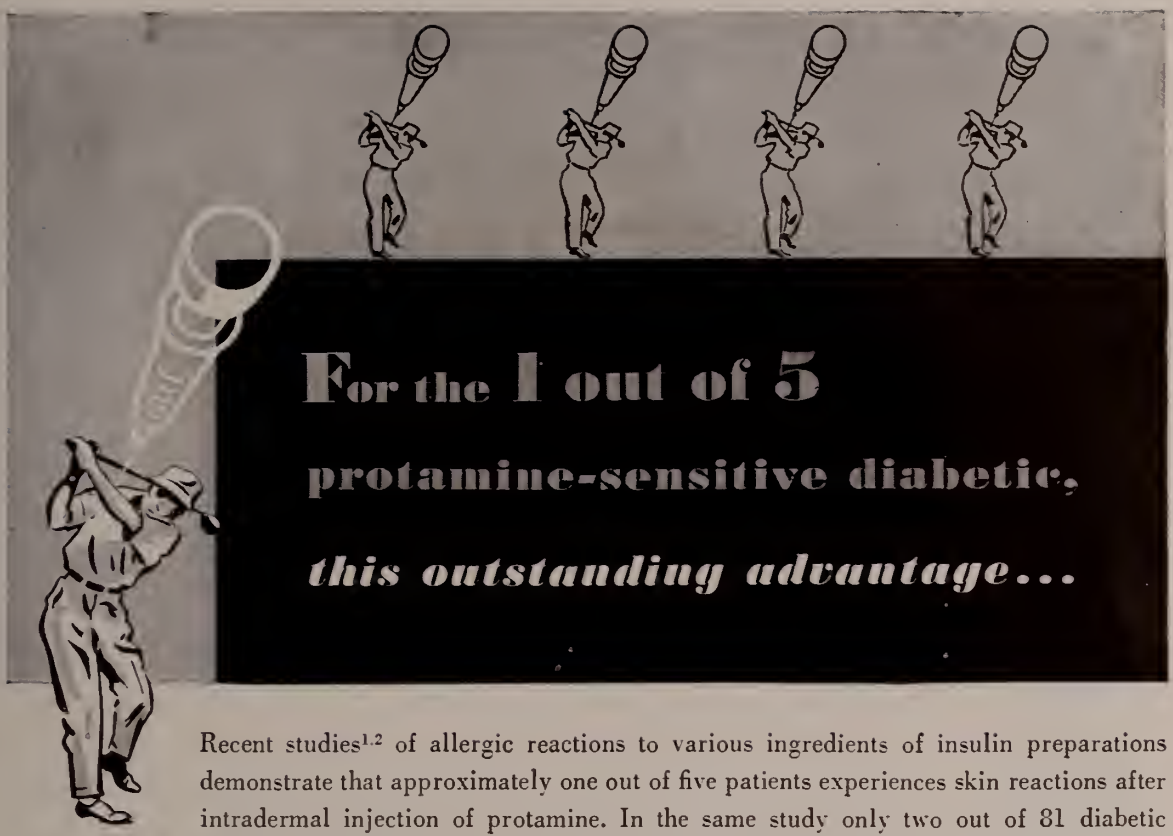


Ovaltine

Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A	1500 I.U.	2953 I.U.
CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	3.0 mg.	5.0 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.

*Each serving made with 8 oz. of milk; based on average reported values for milk.



For the 1 out of 5 protamine-sensitive diabetic, *this outstanding advantage...*

Recent studies[1,2] of allergic reactions to various ingredients of insulin preparations demonstrate that approximately one out of five patients experiences skin reactions after intradermal injection of protamine. In the same study only two out of 81 diabetic patients exhibited sensitivity following the intradermal injection of globin.

Bauman,[1-3] and Duncan,[4] as well as others, have reported that patients who suffered from severe skin reactions following the use of protamine zinc insulin obtained immediate relief upon changing to globin insulin with zinc.

WITH 'WELLCOME' GLOBIN INSULIN WITH ZINC, these other advantages:

A single injection daily of 'Wellcome' Globin Insulin with Zinc will control many moderately severe and severe cases of diabetes, helping to reconcile patients who resent more frequent injections. Timed to achieve morning onset of action and then maximum effectiveness during the afternoon, 'Wellcome' Globin Insulin with Zinc provides control during peak eating and working hours. Diminishing action after 16 hours allays the dread of "night shock".

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

'Wellcome' Globin Insulin with Zinc, a new advance in insulin therapy, is a clear solution permitting a more uniform dosage. It was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Pat. No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Reg.

(1) Page, R. C., and Bauman, L.: J.A.M.A. **124**:704 (March 11) 1944. • (2) Bauman, L.: Bull. N. E. Med. Cen. V:17-21 (Feb.) 1943. • (3) Bauman, L.: Am. J. Med. Sc. **198**:473 (Oct.) 1939, ibid. **200**:299, 1940. • (4) Duncan, G. G., Diseases of Metabolism, Phila., Saunders Co., 1942, p. 782.

'WELLCOME' GLOBIN INSULIN WITH ZINC

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41st St., New York 17

Why PENICILLIN-C.S.C.

Penicillin-C.S.C.—available as penicillin calcium as well as penicillin sodium—is packaged only in rubber-stoppered serum-type vials containing 100,000 Oxford Units. The vials are used in preference to sealed ampuls because they make for greater convenience in storing the solution and because they lessen the danger of contamination after the solution is made.

Only vials of 100,000 units are offered at present because experience designates them as the most advantageous size. If there IS a factor in therapy which may undermine or lessen the remarkable therapeutic efficacy of penicillin, it may be underdosage. Even if therapy is instituted late in the course of the disease, penicillin in many instances will prove effective if adequately high dosage is used for the proper length of time.

In the conditions so far explored and reported, effective dosage in some instances will be less than 100,000 units per day; in many instances it may have to be several times this amount Hence in a large percentage of cases the Penicillin-C S.C. vial of 100,000 units will prove most advantageous.

The convenience of the vial will be readily appreciated. After removal of the tear-off portion of the aluminum seal, sterilize the exposed surface of the rubber stopper



For the usual concentration (5000 Oxford Units per cc.) inject 20 cc. of physiologic salt solution into the vial in the usual aseptic procedure.



Invert the vial and syringe (with needle in vial), and withdraw the amount of penicillin solution required for the first injection.



Store vial with remainder of solution in refrigerator. Solution is ready for subsequent injections during the next 24 hours.

IS SUPPLIED ONLY IN 100,000 OXFORD UNIT VIALS

in the customary manner, inject into the vial 20 cc. of pyrogen-free, sterile physiologic salt solution; without removing the needle invert vial and withdraw as many cc. of this 5000 units per cc. solution for the injection that is to be made immediately; store the vial with its remaining solution in the refrigerator—it is ready for use when the next injection is to be made.

The concentration withdrawn from the vial is 5000 units per cc. If a lower concentration is desired, modification is easily accomplished.

If you have not as yet received a copy of the "Penicillin-C.S.C. Therapeutic Reference Table," showing dosages, modes of administration, and duration of treatment required in the various infections in which penicillin is indicated, write for a complimentary copy now. You will find it a valuable aid in familiarizing yourself with penicillin therapy.

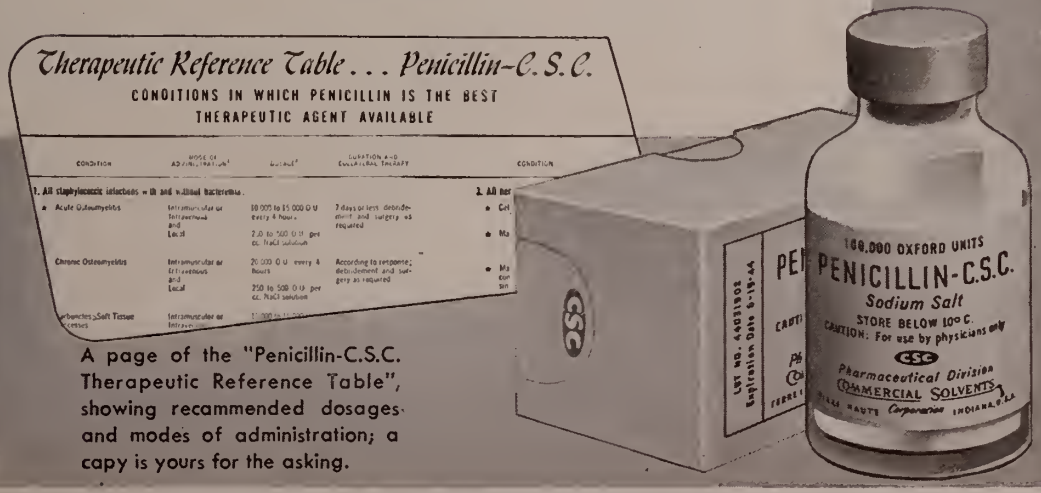
PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS *Corporation*

Penicillin Plant
Terre Haute, Ind.

CSC

17 East 42nd Street
New York 17, N. Y.



A page of the "Penicillin-C.S.C. Therapeutic Reference Table", showing recammended dosages and modes of administration; a capy is yours for the asking.



PREDICTABLE RESULTS

THE ASTRONOMER can accurately predict, thousands upon thousands of years in advance, the path or position of every visible star and planet.

The physician can accurately predict the response in patients with uncomplicated pernicious anemia when Solutions Liver Extract, Lilly, are administered in regular and adequate doses. Predictable results are made possible because each manufactured lot is clinically standardized on known cases of pernicious anemia in relapse. In the average uncomplicated case, Solutions Liver Extract, Lilly, will produce a standard reticulocyte response and cause the red-blood-cell count to return to normal within a period of sixty days. Eli Lilly and Company, Indianapolis 6, Indiana, U. S. A.

Lilly BUY ONE OF  THESE BONDS TODAY

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, August, 1944 | No. 2

TORSION OF THE OMENTUM

R. R. KILLINGER, M. D.
JACKSONVILLE

Historically, tradition has been most generous in attributing to the greater omentum many qualities and functions running the gamut of the imagination from the time of Aristotle, who thought it was an apron protecting the intestines from cold, to the present, for contemporaries are responsible for the appellation "Policeman of the Belly." Indeed, it is a remarkable structure, remembered by all alike at their first operation or autopsy as a gateway to the mysteries of the abdomen.

Notwithstanding the glamour and tradition of antiquity, science is most conservative in the light of modern experimental evidence.

There are two *omenta*, the lesser and the greater . . . The *greater omentum* (*omentum majus; great omentum*; *gastrocolic omentum*) is the largest peritoneal fold. It consists of a double sheet of peritoneum, folded on itself so that it is made up of four layers. The two layers which descend from the stomach and commencement of the duodenum pass in front of the small intestines, sometimes as low down as the pelvis; they then turn upon themselves, and ascend again as far as the transverse colon, where they separate and enclose that part of the intestine. These individual layers may be easily demonstrated in the young subject, but in the adult they are more or less inseparably blended. The left border of the greater omentum is continuous with the gastrolienal ligament; its right border extends as far as the commencement of the duodenum. The greater omentum is usually thin, presents a cribiform appearance, and always contains some adipose tissue, which in fat persons accumulates in considerable quantity. Between its two anterior layers, a short distance from the greater curvature of the stomach, is the anastomosis between the right and left gastroepiploic vessels.[1]— *Gray's Anatomy.*

In a review of the literature Morris,[2] in 1932, mentioned 217 cases of torsion of the omentum reported to that date, including 3 of his, and concluded that diagnosis presents obvious difficulties as indicated by the fact that a correct diagnosis was recorded in only 7.9 per cent of the 217 cases. Since that time I find that 85 cases have been reported, bringing the total number described in the literature to more than 300.

Barsky and Schwartz,[3] in 1937, reported 60 cases of primary torsion, including 2 of theirs, and concluded that a correct diagnosis is rarely if ever made preoperatively. Steinke,[4] Andrews[5] and LaRochelle and Vail[6] commented on the rarity of accurate diagnosis, and the last named authors, together with Wallace and Miller,[7] noted the comparative absence of any information in textbooks relative to the disease, except that it is rare. Farr and Bachmann,[8] however, concluded that while it is a rare disease, it would probably be recognized more often if it were considered in the differential diagnosis of abdominal pain.

Manson[9] stated that even a surgeon of long experience may never have met a case. O'Brien[10] believed torsion of the intestines and appendix is comparatively common, with that of the omentum next in frequency. He was of the opinion that the condition is a congenital anomaly, wherein a tongue-shaped process separate from the omentum may be an etiologic factor.

Hederstad,[11] in reviewing the literature, concluded that it is practically impossible to separate the clinical aspect from that of appendicitis, and in only one case did he find a plausible explanation regarding the etiology. Herbert[12] noted an increase in the number of reported cases of torsion of the omentum, but was of the opinion that it nevertheless remains a rare abdominal emergency. Davis[13] also commented on the rarity of correct diagnosis. In a review of the literature he found no reference to malignant changes in torsion of the appendices epiploicae and concluded the signs and symptoms of mental torsion practically never permit a correct diagnosis.

Wallace and Miller[7] devised a table of differential diagnosis and associated the condition under two heads: (1) primary torsion or unassociated with other pathology, and (2) torsion associated with other pathologic conditions. They further noted that the condition occurs in both sexes and that obesity is usually present, although its occurrence in thin persons is reported. Trauma and heavy work have been associated with causation, although in an equal number no such history is given. Congenital anomalies and a combination of other factors, such as active peristalsis and severe exercise, are the most plausible reasons.

Andrews[5] referred to the "torsion type" in an elaborate table on differential diagnosis. Lipsett[14] referred to "the policeman of the belly" because this organ is prone to try to plug up perforations in a hollow viscus, or to wrap itself about inflam-

Presented before the Staff of St. Luke's Hospital, Jacksonville, Jan., 1944.

matory foci and to guard, or wall off, the rest of the peritoneal cavity. Knüpper[15] described it as able to "sacrifice itself for the benefit of the other abdominal organs." He believed hernias and chronic inflammatory processes and associated conditions are responsible for more than 88 per cent of the cases of torsion of the omentum, leaving less than 15 per cent as true or idiopathic types. This foreign observer is in accord with American writers.

Teller and Baskin[16] noted that hernia occurred on the right side in 84.4 per cent of the cases reviewed, and on the left side in 12.3 per cent. Piersol[17] declared the majority of cases of torsion of the omentum are associated with a hernia.

Blumer[18] assumed torsion generally does not occur without a fixation in addition to the normal omental attachment, and that, therefore, in the absence of a hernia, adhesions are assumed to be the cause. Teller and Baskin,[16] quoting Morris,[2] stated that an age incidence of 30 to 40 is the most common and that the oldest age recorded is 80, the youngest 3 and the average 45.3 years. Males are said to constitute 62.7 per cent of affected persons.

ETIOLOGY

A cross section of medical opinion on causation is expressed in unanimity by Morris[2] and Farr and Bachmann.[5] The arteries are shorter, firmer and thicker-walled. The veins become distended and tortuous, and they begin to wind, aided by hyperperistaltic activity in the neighboring organs. The lymph supply is then increased and naturally followed by passive congestion. This in turn increases the weight, and from a vicious circle there results edema, infarction and gangrene. Many investigators agree upon a combination of these and other forces as the most likely causative agents. Draper and Johnson, quoted by Lipsett,[14] contradicted by literature and experiments the chemotactic or ameboid movement of the omentum and ascribed to it bactericidal and absorptive function.

Morris[2] discredited any intrinsic power of the greater omentum to initiate the condition of torsion and pointed to extraneous influences. Anatomically, this conclusion is borne out in that in a larger percentage of cases the condition occurs on the right side, as the right border of the omentum is longer and more mobile. "Torsion habitus" has been mentioned prominently by most observers, a number of whom consider inflammation and adhesions as probably causative. Hernia is stressed by all. Peristalsis, distention of the stomach and intestines, and varying degrees of intra-abdominal tension are all mentioned as contributing factors, as well as extra-abdominal crises, wherein acute manifestations may follow a blow on the abdomen or severe exercise, as was shown in 31 cases mentioned by Morris.[2]

Because of its infrequency, torsion of the omentum is comparable to cystic formations of the omentum. Morris[2] stated that embryonal lymphangioma, a cystic growth in early life, is frequently associated with torsion. Only relatively few cases have been reported, however.

Jones[19] observed that only a few of more than 100 true cysts of the omentum have been reported to date. This number, he thought, is surprising in view of the comparative frequency of hydrocele of the spermatic cord. He reasoned thus from a study of the development of the primitive alimentary canal. There are four endothelial layers of peritoneum involved in the fusion of the mesogastrium. Between these layers are long, parallel blood vessels arising from the gastroepiploics and anastomosing with the vessels of the transverse colon. This author then theorized on areas of nonfusion, with fluid accumulation and cystic formation. This theory of neoplastic origin is borne out by the occurrence of hyperplasia and hypertrophy of the endothelium, development of new lymph vessels and occasionally formation of solid strands of endothelial cells.

REPORT OF CASE

E. H. J., a baggage clerk aged 42 and weighing 175 pounds, performed no heavy work. There was no associated history of lifting or straining. He had had an inguinal hernia on the right side for six months prior to examination, which had been reducible. He did not wear a truss. Operation was not desired for this hernia. Three days before operation he had complained of "stomach ache" at 7 p. m., following a usual day's work. There was no nausea. He took liver pills, had a good bowel action and was relieved of pain until the following morning. Later on the second day the pain was much worse, being experienced in the epigastrium and down in the right side. The patient's hernia was not bothering him, though it did come down and he pushed it back up. His bowels continued to move, all without relief of pain.

On the third day, Feb. 15, 1943, at 3 p. m., he finally consulted me. There was the typical acute condition of the abdomen characteristic of a diseased appendix. His temperature was 100 F. The blood count was white blood cells 19,600 and red blood cells 4,100,000 with polymorphonuclears 80 per cent; the hemoglobin estimation was 82 per cent. The Kahn test gave negative results. The sedimentation rate was 23 mm. in one hour. Urinalysis gave negative results.

The hernia was reducible, the ring widely patulous; there was no pain here, and no mass was felt anywhere. The abdomen was pendulous and full, but no mass was palpated. There was generalized pain on the right side with tenseness of the right rectus muscle. Pain was

complained of as radiating to the umbilicus and upward. There was no rebound tenderness. There was no nausea nor vomiting. The pain was exactly on the right side as in acute appendicitis.

At 7 p. m. the patient was operated upon at St. Luke's Hospital. On opening the abdomen through a right midrectus incision there was noted a preperitoneal edema of the tissues, followed by a considerable amount of dark, blood-tinged fluid oozing through the sectioned peritoneum. A large purplish mass with grayish areas and a great many tortuous blood vessels, which resembled a gangrenous omentum, was removed from the bottom upward and indeed was a large omental mass hanging by a twisted pedicle, four times clockwise. The pedicle looked much like a large umbilical cord with smaller encircling distended veins tightly filled with dark blood. The only other attachment was to the transverse colon, by two small fibrous bands 10 cm. long.

It was carefully noted on opening the abdomen that none of this omentum was in the inguinal canal. There was no mass found anywhere, not even a tongue-shaped process that looked like it might be plugging the inguinal canal, which was palpated and found to be open. The mass was ligated at the site of its attachment, close to and below the pylorus, and was removed. The appendix was also removed. The hernia was not repaired.

Convalescence was uneventful. The patient was back at work within a month, and at present he is feeling well. He has lost 2 inches in his girth, which now measures 40 inches. His weight is about the same. The abdomen looks about as pendulous as it did before the operation. The hernia, however, has not bothered him since the operation. This is proof that a portion of the omentum did invade the inguinal canal during the attacks.

The pathologic report, made by Dr. L. Y. Dyrenforth, is as follows:

Specimen consists of a large fatty mass of tissue, irregular in outline and apparently shapeless. Only the presence of distended venous blood vessels, filled with clots and coursing through the mass in many directions, shows a definite structure. The fatty tissue is thickened and indurated. A 7 cm. appendix is also present.

The main structure was preserved as well as possible for photographing (figs. 1 and 2). Sections for study were obtained from several places, especially at the point of attachment, where the tissue was greatly discolored.

Microscopically, the appearance of a large plexus of blood vessels and the surrounding edematous tissues indicated obstruction to the blood supply. Large collections of mononuclear cells filled the spaces at intervals. The picture was one of impending gangrene.

The diagnosis was varicosity of the omentum with torsion, venous obstruction and gangrene. On removal, the specimen weighed 679 Gm. and measured 52 cm. long by 26 cm. wide.

SUMMARY AND CONCLUSIONS

It is believed from a study of the literature that the tumor removed in the case presented is the third largest omental tumor of its kind reported. LaRochelle and Vail[9] reported a case in which the tumor weighed 900 Gm. Vialle[20] reported a specimen removed weighing 700 Gm., which was 57 cm. long and 27 cm. wide.

1. There has been presented the postinflammatory theory of pathogenesis, as well as the neoplastic, of omental torsion. Certainly the subject deserves further study, with more reports of cases, and a more careful consideration of the great omentum as a structure of clinical importance in the diagnosis of obscure abdominal conditions.

2. Surgeons are urged to examine the omentum systematically. A localized area of fibrosis or



Figure 1



Figure 2

inflammation may be overlooked, which later may be productive of intra-abdominal disturbances. This could explain why a patient might not be relieved of pain following some abdominal operation.

3. The omentum should be carefully excluded in closing surgical wounds.

4. Deliberate fixation of the omentum to adjacent structures may be a dangerous procedure.

5. The treatment of omental torsion is surgical removal of the involved mass.

REFERENCES

1. Gray, H.: Anatomy of the Human Body, Philadelphia, Lea & Febiger, ed. 23, 1936. p. 1146.

2. Morris, J. H.: Torsion of the Omentum; Its Clinical Importance, Arch. Surg. **24**: 40-76 (Jan.) 1932.

3. Barsky, E. K., and Schwartz, A. M.: Primary Omental Torsion; Review of Literature and Report of 2 Cases, Am. J. Surg. **38**: 356-363 (Nov.) 1937.

4. Steinke, C. R.: Torsion of Omentum with Report of Case, Ohio State M. J. **37**: 959 (Oct.) 1941.

5. Andrews, C.: Torsion of Great Omentum with Report of 2 Cases, Nebraska M. J. **23**: 366-369 (Oct.) 1938.

6. LaRochelle, F. D., and Vail, T. E.: Torsion of Omentum Simulating Appendicitis; Report of Case, Am. J. Surg. **20**: 97-98 (April) 1933.

7. Wallace, R. H., and Miller, R. H.: Primary Omental Torson, New England J. Med. **208**: 831-833 (April 20) 1933.

8. Farr, C. E., and Bachmann, R. F.: Torsion of Omentum, Ann. Surg. **97**: 766-772 (May) 1933.

9. Manson, J. S.: Acute Torsion of Great Omentum, Brit. M. J. **2**: 965-966 (Nov. 13) 1937.

10. O'Brien, G. G.: Congenital Anomaly of Omentum Causing Torsion; Report of Case, J. A. M. A. **102**: 681-683 (Mar. 3) 1934.

11. Hederstad, G. C.: Intra-abdominal Omental Torsion; Report of 3 Cases, Ann. Surg. **109**: 57-63 (Jan.) 1939.

12 Herbert, G.: Case of Torsion of Omentum, St. Barth. Hosp. J. **43**: 15 (Oct.) 1935.

13. Davis, B. F.: Torsion of Omentum and Appendices Epiploicae; Report of 2 Cases, Minnesota Med. **22**: 151-153 (Mar.) 1939.

14. Lipsett, P. J.: Torsion of Great Omentum; Report of 2 Cases, Ann. Surg. **114**: 1026-1034 (Dec.) 1941.

15. Knüpper, H.: Abdominale Netztorsionen, Deutsche Ztschr. f. Chir **247**: 208-214, 1936.

16. Teller, F., and Baskin, L. J.: Torsion of Omentum, Am. J. Surg. **39**: 151-155 (Jan.) 1938.

17. Piersol, G. M., ed.: Cyclopedia of Medicine, Surgery and Specialties, c. 1942, vol. 10, pp. 784-785.

18. Blumer: The Practitioner's Library of Medicine and Surgery, vol. 3, p. 910.

19. Jones, R. W.: Primary Cyst of Greater Omentum; Report of Case with Fatal Blood Transfusion Reaction, Ohio State M. J. **39**: 331-333 (Apr.) 1943.

20. Vialle, P.: Un cas de torsion totale du grand epiploon Gaz. med. de France **43**: 761-762 (Oct. 1) 1936.

The author wishes to acknowledge the assistance of Dr. L. Y. Dyrenforth in the preparation of the manuscript.

450 St. James Bldg., zone 2.

BUY WAR BONDS

GUILLAIN-BARRE SYNDROME

A BRIEF REVIEW OF THE LITERATURE AND THE PRESENTATION OF A CASE

SCHEFFEL WRIGHT, M. D.
AND
JIM JEWETT, M. D.
MIAMI

This case is presented as one of the Guillain-Barré syndrome or radiculoneuritis with albuminocytologic dissociation. Among related syndromes the following are included: acute infective polyneuritis, acute febrile polyneuritis of unknown origin, acute neuronitis, acute benign infectious myelitis, acute infective meningomyeloneuritis, polyneuritis with facial diplegia, myeloradiculitis, infective neuronitis and radiculoneuritis.

CLINICAL SYNDROME

Guillain, Barré and Strohl,[1] in 1916, described a syndrome of albuminocytologic dissociation of the cerebrospinal fluid with radiculoneuritis supposedly due to a virus infection. Clinically the picture is characterized by paresthesia of the extremities, pain in the muscles and nerves, loss of deep and preservation of superficial reflexes, loss of deep sensation and loss of muscular strength more pronounced in the periphery of the extremities. The course is usually afebrile. There is little tendency to leukocytosis unless the disease is complicated by intercurrent infection. Sometimes involvement of the cerebral nerves and transient loss of sphincter control occur. The spinal fluid shows an increase in albumin, but no increase in cells. Generally there is complete recovery.[1]

PATHOLOGY

Dechaume[2] described 3 fatal cases of polyradiculoneuritis. Postmortem examination revealed the lesions of the peripheral nerves, consisting of an interstitial neuritis with infiltration of lymphocytes, proliferation of the cells of Schwann and degeneration of the myelin sheaths, to be the most important changes. The axis cylinders were essentially devoid of pathologic change. The term "Schwannitis" was suggested by Dechaume. Cranial and sympathetic nerves may show similar changes.

The development of albuminocytologic dissociation in the spinal fluid would appear to be dependent upon the pathologic reaction in the spinal cord. The spinal ganglia often show a perivascular cellular reaction, proliferative satellite cells

Presented at Staff Meeting of James M. Jackson Memorial Hospital, Miami, September 14, 1943.

and some alteration of the nerve cells. Similar changes were also demonstrated in the gasserian ganglion by Gilpin, Moersch and Kernohan.[3]

Jervis and Strassberger,[4] on the other hand, discussed a case in which the clinical symptoms and findings on examination of the cerebrospinal fluid were typical of the Guillain-Barré syndrome, but at autopsy they demonstrated the pathologic changes of acute anterior poliomyelitis. It is their contention that a number of cases of the Guillain-Barré syndrome may actually be cases of acute anterior poliomyelitis with favorable outcome.

ETIOLOGY

The nature of the pathologic changes would lead one to suspect that a filterable virus is the exciting agent. Likewise, the occurrence of the disease in epidemic form would lend support to this hypothesis.[5] Wilson[6] succeeded in transmitting a somewhat similar disease to monkeys by injecting intracerebrally emulsions of spinal cord preserved in glycerine, which was acquired from patients in fatal cases. His experiment has never been successfully duplicated.

DIFFERENTIAL DIAGNOSIS

1. Diphtheritic neuritis: Negative smears and cultures of the nose and throat for Klebs-Löffler bacilli together with the absence of cervical adenitis rule out diphtheria.

2. Encephalitis: This disease must be considered in those cases exhibiting palsy of the cranial nerves; however, absence of personality changes and examination of the spinal fluid should make the differentiation conclusive.

3. Botulism: Consideration of recent ingestion of food, together with absence of abdominal complaints and favorable outcome, favors polyradiculoneuritis.

4. Poliomyelitis: The paralysis is usually not progressive except in Landry's ascending paralysis; in addition, pleocytosis parallels albuminosis.

5. Syphilis: Serologic tests together with the spinal fluid Wassermann reaction are aids to diagnosis.

6. Diabetic Neuritis: If the diabetes is controlled, the symptoms will abate.

7. Lead Neuritis: In this disease there is a history of exposure to lead together with gingivitis, radial palsy of the nerves and stippling of the red blood cells.

PROGNOSIS

In the first cases of the Guillain-Barré syndrome described recovery invariably occurred. More and more fatal cases are, however, being reported in the current literature. Forster, Brown and Merritt[7] reported 26 cases of polyneuritis with facial diplegia with a mortality of 72 per cent among women as compared with 32 per cent for men.

REPORT OF CASE

W. B., a white boy aged 13, entered the James M. Jackson Memorial Hospital on the afternoon of Aug. 24, 1943. He was ambulatory, but ataxic and walked with a peculiar stumbling gait. He complained of a numbness or tingling sensation in both feet, gradual progressive weakness in both legs with stiffness and soreness of the muscles of the calf, stiffness and soreness on flexion of the neck, pain and inflexibility of the back, and a painfully swollen left axillary node with some pain and limitation of motion of the left arm, especially on abduction.

The patient stated that he had first noted the painful axillary node about six weeks prior to the onset of his present illness, which dated from August 21. At that time while on his way home from a matinee, he had noticed that his feet and ankles seemed to be asleep, that he stumbled when he walked and that his legs seemed weak and unmanageable. Later that evening the muscles of the calves had become quite tender and sore. The following evening he had suffered with rather severe low back pain and stiffness and soreness of the neck. He had then been taken to the family physician, who made a tentative diagnosis of acute anterior poliomyelitis and suggested the boy be taken to the hospital for observation and treatment. The pain in the back had diminished somewhat at the time of admission, but the ataxia, paresthesias, soreness of the muscles of the calves, weakness of both legs, and stiffness of the back and neck were progressive.

The systemic review gave essentially negative results except for the presenting complaints. There had been no antecedent infection of the upper part of the respiratory tract, no loss of appetite and no constipation or diarrhea.

The past history was essentially noninforming. The boy had enjoyed good health during his entire life except for certain childhood diseases; he had made normal progress in school; his physical and mental development appeared to be normal. He had had a morbilliform rash on three occasions, also epidemic parotitis, pertussis and varicella with good recovery. He had had no serious illnesses, operations, or accidents. He had suffered with an acute attack of food poisoning on one occasion.

The family history revealed that his father had died of tuberculosis; his mother, aged 40, was in good health. The boy had no siblings.

Physical Examination: When he was admitted to the hospital, the patient had the general appearance of a well developed, well nourished white boy aged 13, there being nothing particularly striking about his appearance except for his peculiar, ataxic, flail-like gait. He was light complexioned with red hair and freckled face, and there was a sunburn covering the face, arms and upper part of the trunk. The temperature was 98.6 F., the pulse rate was 90, and the respiratory rate was 18. The only positive findings on physical examination were (1) slight injection of the pharynx although the throat was not sore, (2) limitation of motion on flexion of the neck, which produced pain in the posterior group of cervical-spinal muscles, (3) tachycardia to 90 per minute with the heart otherwise entirely normal, (4) spasm of the hamstring group of muscles so that the patient was unable to sit up in bed unless his feet were dangled

TABLE I.—CEREBROSPINAL FLUID STUDIES

	8-24-43	8-26-43	8-28-43	8-31-43	9-3-43	9-8-43	9-17-43
Pressure		180-190 mm.		120-130 mm.	100 mm.	100 mm.	100 mm.
Color	colorless	colorless	colorless	colorless	colorless	colorless	colorless
Turbidity	clear	clear	clear	clear	clear	clear	clear
Pandy	1 plus	4 plus	4 plus	4 plus	4 plus	4 plus	4 plus
Cell Count cu. mm.	1	1	1	1	6		2
Differential							
Neut. %	100	33		25	50		
Mono. %		67	100	75	50		
Protein	80 mg.%	170 mg.%	124 mg.%		150 mg.%	260 mg.%	190 mg.%
Sugar	41.5 mg.%	45 mg.%	57 mg.%	66 mg.%	65 mg.%		
Kahn						negative	
Kline							negative
Wassermann							negative
Colloidal Gold						00123210	

over the side of the bed, (5) flaccidity of the gastrocnemius-plantaris-soleus group of muscles, (6) pain elicited on abduction of the left arm and (7) stiffness of the back.

Neurologic Examination: All the cranial nerves were intact. The Romberg sign was positive, but there were no other signs of incoordination. All deep tendon reflexes were absent, namely, the biceps, triceps, patellar and Achilles reflexes. The superficial reflexes, namely, the abdominal and cremasteric, were intact. The Hoffman and Babinski signs were absent. Patellar and ankle clonus were also absent.

Laboratory Studies: The urinalyses repeatedly gave negative results. The excretion of phenolsulfonphthalein at the end of one and two hours was normal.

Examination of the blood likewise failed to reveal any significant deviations from normal. There was no stippling of the erythrocytes nor any plasmodia demonstrated on thick smear. The sedimentation rate, by the Wintrobe method, was 21 mm. fall at the end of one hour.

Studies of the blood chemistry were entirely normal except for a prolongation of the prothrombin time to over ten minutes; the control was 14.6 seconds. The patient was placed on vitamin K, 10 mg. daily, and the prothrombin time was repeated in four days, at which time it had returned to normal, or 15.4 seconds.

A smear and a culture of the throat for Klebs-Löffler bacilli were reported negative.

A tuberculin test, in which the third dilution of Koch's Old Tuberculin was used, gave negative results at forty-eight hours.

Roentgenographic examination of the chest was reported as "negative chest."

Rabbit conjunctiva cultures, intracerebral injections of the cerebrospinal fluid in mice, as well as the cerebrospinal fluid studied by Dr. Edwards of the University of Minnesota School of Medicine, failed to reveal any evidence of a virus in the fluid.

The blood Kahn test gave negative results.

Progress in the Hospital: Sister Kenny therapy was instituted to relieve pain in the muscles. In addition, the patient received a full diet and massive doses of thiamine chloride. Three days after admission a facial diplegia developed, but was only a transient affair. The muscular strength and tone gradually improved over the course of a month so that the patient was able to walk from the hospital on September 23 although he was still slightly ataxic and the deep reflexes were still absent.

Throughout his stay in the hospital the patient was afebrile and showed no inclination to leukocytosis. His general physical condition, attitude and appetite were good.

SUMMARY

A brief review of the literature on the Guillain-Barré syndrome, concerning the known facts of the clinical syndrome, pathology, etiology, differential diagnosis and prognosis, is presented.

A typical case is reported together with a table showing the results of studies of the cerebrospinal fluid.

REFERENCES

1. Garvey, P. H., and Slavin, H. B.: Acute Infectious Polyneuritis, Internat. Clin. **4**: 38-45 (Dec.) 1938.

2. Dechaume, J.: Polynévrite Infectieuse ou Schwannite a Virus Neurotrope (Documents Histo-Pathologiques), Rev. Neurol. **1**: 403-412 (Mar.) 1932.

3. Gilpin, S. F.; Moersch, F. P., and Kernohan, J. W.: Polyneuritis; Clinical and Pathologic Study of Special Group of Cases Frequently Referred to as Instances of Neuronitis, Arch. Neurol. & Psychiat. **35**: 937-963 (May) 1936.

4. Jervis, G. A., and Strassburger, P. J.: Guillain-Barré Syndrome ("Infectious Polyneuritis") and Acute Anterior Poliomyelitis, Am. J. Dis. Child. **65**: 431-439 (Mar.) 1943.

5. Collier, J.: Peripheral Neuritis; Morison Lectures, Edinburgh M. J. **39**: 601, Oct.; 672, Nov.; 697, Dec. 1932.

6. Bradford, J. R.; Boshford, E. F., and Wilson, J. A.: Acute Infective Polyneuritis, Quart. J. Med. **12**: 77, Oct., 1918, Jan. 1919.

7. Forster, F. M.; Brown, M., and Merritt, H. H.: Polyneuritis with Facial Diplegia; Clinical Study, New England J. Med. **225**: 51-56 (July 10) 1941.

315 Ingraham Building, zone 32.

BUY WAR BONDS

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Councill C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B-46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Edward Jelks, M.D., Delegate.....*Jacksonville*
O. O. Feaster, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

THE ONE FOUNDATION

No matter how fully we may be trained in the physical sciences, we must, if we look at life comprehensively and sympathetically, recognize that man does not live by bread alone. Not only does he crave spiritual satisfactions, but his whole problem of living amicably and constructively with his fellow man is met and solved only on the basis of eternal undergirding and vital spiritual principles. Our present world tragedy is both evidence and fruitage of our neglect or denial of these certain principles.

And no one has so truly and effectively expressed these principles as Jesus. In His teaching and example we find the ultimate in human relationships. Ideal and difficult, of course, but here we have the one supreme and saving goal for human aim and human endeavor. He is the one foundation for human life. When human effort is built on His teaching and His spirit, it is built on rock. Otherwise the foundation is of sand and the whole structure, no matter how skilfully built, is subject to the irrational elements of human greed and human passion.

The constructive nature of His teaching is clearly contrasted with the destructive philosophies and attitudes of the self-seeking and intolerant. His principle of universal brotherhood under the Fatherhood of God, and His spirit of redemptive purpose are superbly constructive in character, and declare the sacredness and inviolability of human personality.

The world of tomorrow is unthinkable without Christ. To ignore or deliberately reject His teaching opens the door for further and more tragic war. Humanity, with its division of races and partitioning of nations, cannot solve its problems without Him. Only tragedy and suffering are in store for those who reject Him, because they have denied the basically constructive principles of life, and have undertaken to build on false foundations of human selfishness and of "man's inhumanity to man." Christ is the one foundation on which all things human must be built.

"On Christ the solid rock I stand,
All other ground is sinking sand."

Editor's Note: The editorial "The One Foundation" was written at the request of the editor. Since many people of this world, and of this nation in particular, are of the opinion that the peace and security of the post-war world depends upon our return to religious principles as taught by Christ, we believe that an editorial such as this is not only timely, but will be gratefully received by the readers of this Journal.

We are indebted to Rev. Richard J. Broyles, who is the editor's present pastor and a former schoolmate, for this splendid editorial.

FROM MY POINT OF VIEW

In the May, 1944, issue of this Journal appeared an article entitled "Closer Cooperation Between the Medical and Dental Professions" by R. D. Cummins of St. Petersburg. Amongst the excellent thoughts contained therein is one whose applicability extends far beyond the dentist-physician relationship. Attention is called to the following:

. . . another problem in this field . . . is the patient who comes in stating with finality, "My doctor says my teeth must be pulled." The dentist then has a problem which can encompass all the known griefs of practice.

The gentleman surely voiced a truth when he uttered that thought for one can see what a problem the dentist is up against when, after

thorough examination, he does not think it necessary to pull the teeth. But he is not alone in his trouble. Day after day the general practitioner has to battle the positive statements made by his patients as a result of information gleaned from a neighbor, a news article or the radio. The specialist has not only the above to contend with but often the positive statement as to what must be done told to the patient by the general practitioner or the specialist in another line. Whether the referring physician actually told them what he wanted the specialist to do, or whether, as is more often the case, the patient interpreted his remarks in that manner makes no difference—the result is the same, i. e., trouble for the consultant.

Such a practice is in the main responsible for the present condition of affairs, i. e., an increasing percentage of patients now tell the doctor or the consultant exactly the diagnosis and what *must* be done. There the eye, ear, nose and throat specialist is confronted by the statement, "Doctor, I have a sinus condition," or "I need glasses to relieve these headaches," or "I need to have my tonsils out." And so the doctor usually gets a headache when, after examination, he finds their diagnosis is wrong and he tells them the truth.

The internist is constantly up against the positive statement, "I have heart trouble," or "I have an ulcer." I know of no doctor in whatever branch of medicine he pursues who is free from this all too often insurmountable obstacle.

When a patient is referred to an allergist and definitely states that "Dr. Blank" or "Mr. Jones told me to come here and get the skin test," the allergist is really on the spot. The manifestations which come as a result of protein sensitizations are not too easy to determine. The allergist may not agree that the symptoms are allergic in nature. If he tells the patient that he does not need food tests, quite often the patient later tells everyone that the referring physician does not know what he is talking about. This eventually gets back to the physician in question and he naturally resents it and hunts up another specialist to use in the future. On the other hand, the allergist can do a complete allergic investigation, which is really taking money under false pretenses, and thus protect the referring physician and take upon his own shoulders the responsibility for a failure to help the patient.

All of the above difficulties which, as indicated, every physician encounters could largely be avoided if doctors will clearly state their position to the patients. Tell them plainly that they are being sent to a specialist because he is especially fitted both in training and special equipment to arrive at the correct answer, and that before arriving at a definite conclusion as to the diagnosis or treatment you desire his opinion.

Often times a general practitioner will call another general practitioner in consultation, or a surgeon will want another surgeon of equal ability to see the patient. A previous positive diagnosis is then hard to change without encountering many obstacles.

Patients or relatives often times force a physician to make a diagnosis before he is ready to do so, and it does take courage to hold them off and be accused of not knowing your business as well as the other man who makes a wild guess and then sticks to it. But to be honest we must have that courage and then when the above situation arises there are no set ideas to overcome and the explanation to the patient as to the why of the consultation can easily be made by saying, "Two heads are often times better than one."

In all the big clinics a diagnosis is deferred until all the evidence is in. It is much the better way and we should do it outside the clinics whether the public likes it or not. So, when talking to a patient concerning consultation, let us be more emphatic when stating our reasons for this procedure and make sure that the patient does not put the consultant in a difficult position due to a positive idea as to what he must say and how he should proceed.

Frank C. Metzger, M. D.

A. M. A. MEETING

The 95th annual convention of the American Medical Association was held in Chicago in June. This session demonstrated the unquestionable importance of such medical assemblages in the war effort. New advancements in medical science, developed during the war period, were brought to the attention of thousands of physicians, enabling them to benefit from these discoveries much sooner than would otherwise have been possible. The attendance, in view of the difficulties of obtaining transportation and hotel accommodations, was extraordinary, reaching a total of 7,284.

The Florida Medical Association was officially represented in the House of Delegates by Drs. Edward Jelks of Jacksonville and Homer

L. Pearson of Miami. The following 40 members of our Association registered at this national meeting:

Coral Gables: A. Daniel Amerise. *Daytona Beach*: Richard Reeser, Jr. *Delray Beach*: James R. Nieder. *Ft. Lauderdale*: Robert Blessing. *Gainesville*: DeWitt A. Smith. *Jacksonville*: Edward Jelks. *Miami*: Marcus B. Cirlin, George D. Lilly, Claude G. Mentzer, E. Sterling Nichol, Homer L. Pearson, C. Larimore Perry, Ralph Sappenfield, E. Clay Shaw, Herbert W. Virgin, Paul B. Welch, Benjamin L. Whitten, Scheffel H. Wright, Iva C. Youmans. *Miami Beach*: Emil M. Isberg, Meyer B. Marks, Jean Jones Perdue, C. Frederic Roche, Maurice J. Rose.

Orlando: Meredith Mallory, Joseph G. Seltzer. *Panama City*: J. Powell Adams. *Pensacola*: A. Raymond Haisfield, Thomas H. Stokes. *Sarasota*: Joseph Halton. *Tallahassee*: Harold O. Hallstrand, Sarah Parker White. *Tampa*: C. A. Andrews, J. C. Dickinson, Julien C. Pate, Wesley W. Wilson. *West Palm Beach*: James L. Carlisle, Lloyd J. Netto, James H. Pittman. *Winter Park*: Elwyn Evans.

REPORT OF FLORIDA DELEGATES TO A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M. D., JACKSONVILLE
HOMER L. PEARSON, M. D., MIAMI

The 1944 meeting of the House of Delegates of the American Medical Association was held at the Palmer House in Chicago, June 12, 13, and 15. Every state was represented. Even as distant a medical society as that in Hawaii had a delegate present.

The distinguished service award was given to Dr. George Dock, Pasadena, California, in recognition of his life long activities as a clinician, teacher and investigator.

In his address Dr. H. H. Shoulders, Speaker of the House, emphasized the importance of clear and accurate thinking in the proper approach to medical problems of today. In a lucid manner he refuted the arguments for state medicine based upon the assumption that since good medical care is furnished by regimentation in the military forces, the same sort of service would be rendered civilians under government control. The two situations are so different, as Dr. Shoulders showed, that it is false logic to make deductions from one to be applied to the other.

Dr. Paullin, President of the Association, after acknowledging the fine work done in postgraduate medical training at military installations and discussing prepaid medical plans, devoted the major part of his address to a subject of unity among the profession. This to his mind was the most important measure before organized medicine today.

Dr. Herman L. Kretschmer, president-elect, stated that legislation as it relates to the practice of medicine is so important that every doctor should spend as much as two hours each day studying this and related problems. He called attention to the good that can be done by the individual doctor in informing his patients on medical legislative and economic subjects. While he mentioned some abuses of drug therapy, psychiatric problems and other matters, certainly the keynote of his address was the importance of the individual doctors doing something about the present problems of medical service and public relations.

The greatest general interest was probably shown in the information from and about the Council on Medical Service and Public Relations. This body has had conferences with leaders in government, business, labor and other divisions of national activities. It has established a permanent office in Washington. The work has been placed under the direct supervision and direction of Dr. Joe Lawrence of New York, who for a number of years has been the executive director of the medical society of the state of New York. One of his chief duties has been with questions of legislation in that state. The delegates appeared to be pleased with the progress made by the Council so far. Nevertheless, there was ample recognition of the necessity for definite plans and action in the matter of supplying more widely available adequate medical service.

A great deal was said about war participation and postwar planning. Definite recommendations were made in the report of the Committee on War Participation which would result in help to the doctors as they return home. What could and should be done after the war is being considered by the various officers, councils and committees since all activities will be influenced by the changed conditions. The Council on Medical Care and Public Relations, and the postwar planning committees are especially concerned in these matters of the future. Concrete recommendations, no doubt, will be made by them from time to time.

The officers elected for the ensuing year are: president-elect, Dr. Roger I. Lee of Boston; secretary, Dr. Olin West of Chicago; treasurer, Dr. Josiah J. Moore; Speaker of the House, Dr. H. H. Shoulders; and Vice Speaker, Dr. R. W. Fouts.

Your delegates were present at all sessions and Florida was represented on one of the reference committees.

Presented before the meeting of the Board of Governors, Jacksonville, June 25, 1944.

MEDICAL POSTGRADUATE COURSE

The twelfth annual graduate short course for doctors of medicine was held in Jacksonville, June 19-24, 1944. The total registration was 172, as compared with 189 for the previous year. The largest attendance on record since the graduate short course was instituted twelve years ago was 195 in 1942. The registration this year surpassed expectations. Notwithstanding the handicaps incident to the war effort, a goodly number of Florida practitioners were in attendance. The lectures presented by outstanding faculty members were instructive and helpful. Physicians who attend these annual graduate short courses realize their importance and make personal sacrifices to participate the next year.

Dr. T. Z. Cason, chairman of the Association's Committee on Medical Postgraduate Course, with the cooperation of his committee members, the Department of Medicine of the Graduate School of the University of Florida, and the State Board of Health, has been untiring in his efforts to bring to the practitioners of Florida the best material available.

The official report on this year's graduate short course will be presented at the next meeting of the House of Delegates of the Florida Medical Association by Dr. T. Z. Cason, chairman of the committee.

REGISTRATION

The total registration during the twelfth annual graduate short course for doctors of medicine, held in Jacksonville, June 19 through 24, was 172.



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA

Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

"Florida's Surgical Supply House"

HENRY L. PARRAMORE
Pres. and Gen. Mgr.

T. EMMETT ANDERSON
Vice-President

YOUR PATRONAGE GREATLY APPRECIATED

YOU WANT ONLY ONE KIND OF SERVICE . . .

the Best



Regardless of manpower shortages and limited material, we have only one standard for prescription service—quality based on precision. That's why you can be confident that the eyewear we prepare continues to be worthy of your reputation. Our service may require a few more days than formerly, but we accurately translate your prescription into new visual efficiency for the patient's eyes.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

Of this number 112 paid the $5.00 registration fee. Members numbered 95; members with the armed forces, 7; other physicians with the armed forces, 35; other physicians, 19; interns, 2; Negro physicians, 14. The following were present:

FACULTY

MEDICINE—Dr. Eugene A. Stead, Jr., Professor of Medicine, Emory University, Atlanta, Ga.

PEDIATRICS—Dr. Samuel F. Ravenel, Dean of the Southern Pediatric Seminar, Saluda, N. C.

VENEREAL DISEASES—Dr. R. C. Arnold, Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island, N. Y.

OBSTETRICS—Dr. Oren Moore, Dean of Obstetrics, Southern Postgraduate Seminar; Chief of Obstetrics and Gynecology, Presbyterian Hospital, Charlotte, N. C.

SURGERY—Dr. R. L. Sanders, Associate Professor of Surgery, University of Tennessee, Memphis, Tenn.

GYNECOLOGY—Dr. Clayton T. Beecham, Assistant Professor of Obstetrics and Gynecology, Temple University, Philadelphia, Pa.

POSTWAR MEDICINE—Capt. William M. Sheppe, U. S. Naval Hospital, Jacksonville; Col. D. O. Wright, Camp Blanding; Comdr. John R. Peters, U. S. Naval Hospital, Jacksonville; Major J. W. Annis, Camp Blanding; Capt. Lawrence E. Geeslin, Camp Blanding.

POSTWAR SURGERY—Comdr. M. Coplan, Naval Air Station, Jacksonville; Lieut. Comdr. C. W. Brainard, Naval Hospital, Jacksonville; Major Crenshaw D. Briggs, Finney General Hospital, Thomasville, Ga.; Major Everett I. Bugg, Finney General Hospital, Thomasville, Ga.

POSTWAR PUBLIC HEALTH—Col. C. L. Williams, U. S. Public Health Service, New Orleans, La.; Dr. Eugene A. Gillis, New Orleans, La.

PHYSICIANS BY CITIES

Archer: Frank C. Jones. *Baldwin*: W. D. Brinson. *Blanding*: L. D. Denton, J. C. Elliott, E. O. Majure, M. E. Peck, W. H. Price, Julius L. Willson, F. W. Wilt. *Brooksville*: G. R. Creekmore. *Bunnell*: J. E. Rose. *Chattahoochee*: F. M. Hewson. *Chiefland*: W. C. Young. *Cocoa*: T. C. Kenaston. *Crystal River*: W. B. Moon. *Daytona Beach*: George M. Green. *Dunedin*: H. E. Winchester. *Eustis*: C. McK. Tyre, R. H. Williams. *Fernandina*: George Dame. *Ft. Lauderdale*: R. L. Elliston, Leigh F. Robinson, Otto W. Schwalb. *Ft. McCoy*: Percy F. Lisk. *Ft. Myers*: George M. Stubbs. *Ft. Pierce*: A. M. Sample. *Gainesville*: John E. Maines, Jr., H. M. Merchant, Thomas A. Snow, W. C. Thomas, George C. Tillman. *Havana*: J. W. Sapp.

Jacksonville: Domingo Antonio, Robert M. Baker, John A. Beals, John B. Black, Fred H. Bowen, H. L. Brillhart, J. M. Bryant, Cornelia M. Carithers, T. Z. Cason, Joseph L. Chilli, Cleland D. Cochrane, S. E. Driskell, Henry M. Dux, Lucien Y. Dyrenforth, Emily H. Gates, Edwin M. Gold, Banks H. Goodale, Thomas H. D. Griffitts, Henry Hanson, O. E. Harrell, D. F. Harwell, E. F. Hoffman, Gerry R. Holden, Luther W. Holloway, Gordon H. Ira, Edward Jelks, C. W. Johnston, L. S. Laffitte, Janet Leser, Louie Limbaugh, J. G. Lyerly, R. H. McGinnis, Lucille J. Marsh, Webster Merritt, George M. Mitchell, Kenneth A. Morris, S. R. Norris, George F. Oetjen, Harry A. Peyton, Harper L. Proctor, James H. Randolph, Shaler Richardson, C. D. Rollins, E. T. Sellers, H. Marshall Taylor, E. J. Teagarden, L. V. Tyler, E. W. Veal, F. J. Waas, Leo M. Wachtel, Robert D. Wynn.

Lakeland: J. R. Boulware, G. C. Overstreet. *McIntosh*: J. L. Strange. *Madison*: E. D. Thorpe. *Marianna*: D. A. McKinnon. *Melbourne*: I. K. Hicks. *Miami*: T. E. Cato, Walter C. Jones, James F. Lyons, Jack A. McKenzie, Jules Victor, Jr., Harrison A. Walker. *Micanopy*: I. A. Dailey. *Orlando*: Frank D. Gray, Pleasant L. Moon, Carolyn G. Williamson. *Panama City*: J. O. Barfield. *Pensacola*: Herbert L. Bryans, T. W. Reed. *Perry*: C. A. O'Quinn. *Quincy*: E. A. Cook, J. C. Davis. *St. Augustine*: A. C. Walkup. *St. Petersburg*: William M. Davis, R. D. Hollowell, R. H. Knowlton, Alvin L. Mills, Leon Thurston. *Sanford*: Leland H. Dame. *Sebring*: James H. Wells. *Tallahassee*: L. L. Dozier, B. M. Rhodes. *Tampa*: Elsie M. Gilbert. *West Palm Beach*: W. W. George, J. C. Nowling. *Winter Haven*: Waldo Horton.

Alabama—Alexander City: S. M. Day. *Arkansas—Dardanelle*: Haynes G. Jackson. *Colorado—Trinidad*: J. D. Menser. *Georgia—Atlanta*: J. D. McElroy. *Folkston*: W. R. McCoy. *Savannah*: H. W. Coleman. *Valdosta*: F. G. Eldridge. *Illinois—Chicago*: Irving R. Abrams. *New Jersey—West Orange*: Carl L. Minier. *New York—Brooklyn*: Howard C. Tobey. *New York City*: A. B. Ballard, William Fraden, Gidre Leber, Frank A. Sica. *Rochester*: Frank W. Lovejoy. *North Carolina—Mocksville*: W. M. Long. *Pennsylvania—Philadelphia*: Ralph A. Rossi. *South Carolina—Spartanburg*: George W. Price. *Tennessee—Middleton*: George W. Jackson. *Virginia—Richmond*: Hugh S. Brown. *Roanoke*: A. M. Jacobson. *West Virginia—Mullens*: Ward Wylie.

NEGRO PHYSICIANS

Bartow: L. W. McNeill. *Daytona Beach*: T. A. Adams. *DeLand*: Lancaster C. Starke. *Ft. Lauderdale*: R. L. Brown, James F. Sistrunk. *Gainesville*: Julius A. Parker. *Jacksonville*: S. Spearing Campbell, S. Blake Daniel, C. Frederick Duncan, R. F. Mills, J. P. Paterson, W. W. Schell, Cassius A. Ward. *Sanford*: George H. Starke.

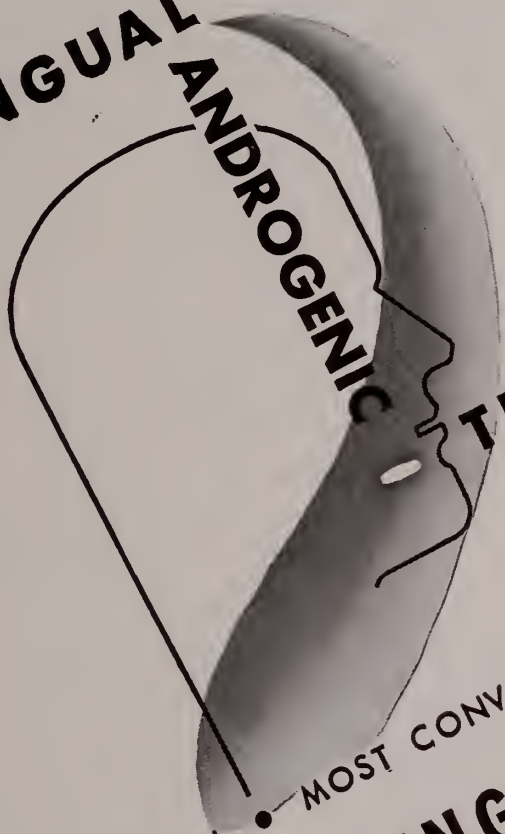
STATE NEWS ITEMS

The Association's Board of Governors met at the call of the chairman, Dr. W. M. Rowlett, Sunday, June 25, at Jacksonville. The usual items of business were taken up for action. An urgent request was sent to Governor Spessard Holland that Dr. W. M. Rowlett's resignation from the State Board of Medical Examiners be not accepted. A large portion of the all-day session was devoted to the discussion of a report from the special committee to study prepaid hospital and health care, which was appointed following the last meeting of the House of Delegates.

Members present were Drs. W. M. Rowlett, chairman, L. W. Blake, John R. Boling, Duncan T. McEwan, Robert B. McIver, Leigh F. Robinson. Those attending in an advisory capacity were Drs. Shaler Richardson, Homer L. Pearson, Edward Jelks, Walter C. Jones, J. C. Dickinson, L. Y. Dyrenforth, Julius C. Davis and Stewart Thompson.

Dr. Lloyd J. Netto of West Palm Beach attended a course at the Cook County Graduate School of Medicine in Chicago in June.

PERLINGUAL ANDROGENIC THERAPY



MOST ECONOMICAL • MOST CONVENIENT

METANDREN LINGUETS*

(METHYLTESTOSTERONE)

Small, hard pressed wafers, especially designed for systemic absorption via the oral mucous membranes, thus side-tracking the liver where partial inactivation of ingested methyltestosterone is known to take place.[1]

Effective in smaller doses, e.g. 1/2 to 2/3 the amount required when methyltestosterone is swallowed.[2]

Cost of treatment with METANDREN LINGUETS is considerably less than when androgens are administered by injection, implantation or ingestion.

[1]Biskind, G. R.: Proc. Soc. Exper. Biol. & Med. 43:259, 1940. Burrill, M. W. and Greene, R. R.: Endo. 31:73, 1942.

[2]Lisser, H. and Curtis, L. E.: J. Clin. Endo. 3:389, 1943. *Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

Dr. R. F. Godard of Quincy was the guest speaker at the regular luncheon session of the local Rotary Club the early part of June. He spoke on "The Aspects of Socialized Medicine."

Dr. W. G. Page, formerly of West Palm Beach, has opened offices in Key West. He will be associated with Dr. Harry C. Galey of that city.

Dr. W. G. Meriwether has opened offices in Plant City. He will be located in the quarters formerly occupied by the late Dr. John W. Alsobrook. Dr. Meriwether formerly practiced in Mulberry.

Dr. Walter E. Murphree of Gainesville attended the Sister Kenny School of instruction on infantile paralysis, given by the University of Minnesota during the month of June.

Dr. Harrison A. Walker was released from active duty with the United States Public Health Service on June 26. The first of November Dr. Walker will open offices at 511 N. E. 15th Street, Miami. During the interim he will take postgraduate work in special surgical technic at Indianapolis, Ind., and, before returning to Miami, will visit Mayo Clinic and Cook County clinics.

At the annual meeting of the American College of Chest Physicians, held in Chicago, June 10 to 12, Dr. M. Jay Flipse of Miami was reelected governor of the College for a term of three years. The following Florida doctors attended the meeting: E. Sterling Nichol, Miami, and Rosa L. Sullivay, Pensacola.

Dr. Maurice J. Rose of Miami Beach visited clinics in the Chicago Lying-In Hospital, the Cook County Hospital, and the University of Illinois, where he formerly served on the staff. He made this trip during the early part of June.

The Florida Board of Examiners in the Basic Sciences will hold its next examination on November 4, 1944, at the University of Florida, Gainesville. Application blanks may be obtained from J. F. Conn, Ph. D., secretary, DeLand.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. J. R. Norton of Port St. Joe announce the birth of a daughter, Jennie Sue, on May 17, 1944.

Dr. and Mrs. F. H. Schnauss of Jacksonville announce the birth of a son, John Wiggins, on July 5.

DEATHS

Dr. Julian L. Hargrove of Bartow died July 3.

FOR SALE—A number of surgical instruments, operating table, books and equipment, belonging to the late Dr. T. E. Blackshear. Anyone interested is requested to communicate with Mrs. T. E. Blackshear, 422 North Spring Street, Pensacola.

COMPONENT COUNTY SOCIETIES

MARION

The regular meeting of the society was held at noon on June 15 at the Hotel Harrington in Ocala. Luncheon was served prior to the regular session. Dr. Eugene G. Peek was officially appointed as the society's representative to cooperate with the State Association's Committee on Public Relations in connection with an educational program which is being undertaken.

PASCO-HERNANDO-CITRUS

The regular meeting of the society was held in the home of Dr. Claude L. Carter in Inverness, June 8. Clinical cases were reported by Drs. W. H. Walters and Carter. A general discussion followed. The question of establishing a county health unit or of having a county health physician was discussed at length. It was decided to secure more complete details before taking official action.

Prior to the meeting Dr. Carter entertained the members of the society at a steak dinner at the Orange Hotel. A hearty vote of appreciation was extended to the host.

Dr. W. H. Walters invited the society to meet with him in August. Those present were Drs. Claude L. Carter, G. R. Creekmore, P. J. Hudson, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

PINELLAS

Dr. Fred W. Bailey was host to the Pinellas County Medical Society at a dinner meeting held at the Detroit Hotel, St. Petersburg, on July 7. Dr. Bailey discussed "Federalized Medicine." This was the last meeting of the society until fall.





with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective, and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

SEMINOLE

The June meeting of the society was held on the 13th at the Fernald- Laughton Memorial Hospital. Mrs. Endor Curlett, secretary of the Hospital Board, gave a report on equipping the new operating rooms. It was stated that Dr. Garner had donated $1,000 for air conditioning, and several other doctors had made donations.

It was decided to suspend meetings during the summer months. The next regular meeting is scheduled for September. The following were present: Drs. Leland H. Dame, W. H. Garner, W. T. Langley, Samuel Puleston and J. A. Smith.

ADVERTISERS' NOTES

TANTALUM SOON AVAILABLE

Tantalum plates, foil, screws and wire to repair broken bones, nerves and skulls will shortly be available to civilian surgeons through a recent allocation of the War Production Board, according to an announcement made by Dr. Gustav S. Mathey, President of the Johnson & Johnson Research Foundation, New Brunswick, New Jersey.

The Johnson & Johnson Research Foundation is a non-profit organization, founded in 1940 to endow research in universities and hospitals and to disseminate summaries of findings to members of the medical profession. Dr. Mathey states that by an agreement between the Ethicon Suture Laboratories, Johnson & Johnson subsidiary, and the Fansteel Metallurgical Corporation of North Chicago, the availability of tantalum for civilian surgeons is assured at an early date.

Tantalum has assisted surgeons to return to active life many cases which in the last war would have been disfigured and incapacitated for life. Lost portions of the skull, ears, noses and other parts of the face are being replaced with tantalum. One veteran has a tantalum "belly wall." Nerves which control motion in arms and legs are stitched with tantalum thread and protected while healing with tantalum cuffs. Facial paralysis is relieved by small, saddle-shaped pieces of tantalum and wire is used to pull the corners of the mouth to a normal position. This stops the unpleasant drooling and facial distortion which go with the condition. Cleft palates also are being corrected.

PHYSICIAN-ARTISTS' PRIZE CONTEST

The American Physicians Art Association, with the cooperation of Mead Johnson & Company, is offering an important series of War Bonds as prizes to physicians in the armed services and also physicians in civilian practice for their best artistic works depicting the medical profession's "skill and courage and devotion beyond the call of duty."

Announcement of further details will be made soon by the Association's Secretary, Dr. F. H. Redewill, Flood Building, San Francisco, Cal.

DR. RICHARDSON WITH SQUIBB

Dr. Arthur P. Richardson, Head of the Department of Pharmacology of the University of Tennessee, has been appointed Head of the Division of Pharmacology of the Squibb Institute for Medical Research, to become effective on October 1, 1944. Dr. Richardson will replace Dr. H. B. VanDyke, who has accepted the position as Head of the Department of Pharmacology, College of Physicians and Surgeons, Columbia University. His chief interests have been in the field of chemotherapeutic research, and he has had extensive experience in studies concerning malaria and other tropical diseases. For the past two years he has been primarily engaged in the study of antimalarial compounds.

Dr. Richardson is a native of Longmont, Colorado, but obtained his A.B. and M.D. degrees at Stanford University (California) in '32 and '37 respectively.

B. & L. ENTERTAINS SOUTH AMERICAN DELEGATION

A delegation of seven South American businessmen, members of the Inter-American Development Commission, paid a good neighbor visit to Bausch & Lomb Optical Co. on May 25.

In Rochester, sponsored by the New York State Department of Commerce, time was spent with officers of the company in discussing mutual business problems.

Interviews with the visitors, who were escorted through the plant by members of the Export Department, found them united in the confidence that relations between the United States and nations south of the border will continue to show steady improvement as long as understanding of the problems of Latin American neighbors guides the formation of the trade practice of U. S. business.

While visiting the Glass Plant, the visitors witnessed the production of the 3,600,000th pound of optical glass produced by Bausch & Lomb since Pearl Harbor.

The visitors were chiefly impressed, said a spokesman for the group, by the large number of women employees, many of whom were engaged in work formerly done by men alone.

Following the plant inspection, the group left for Albany as the guests of Governor Dewey.

NEW INSTRUMENT TESTS NIGHT VISION

A new portable eye-testing instrument which detects in a darkened room those sailors and flyers who lack sufficient "cat's eye" vision to see satisfactorily at night after their eyes have been adapted to darkness was announced recently by the American Optical Company.

Developed by the concern's engineers to meet requirements of the Research Division of the Navy's Bureau of Medicine and Surgery, the instrument is being installed in Navy Ships and training centers in an attempt to make night cruises and flights safer by selecting for night duty only those men who have normal night sight.

On the average, approximately 6 per cent of the population has low retinal sensitivity or poor night vision. Men with this defect are not desirable as lookouts or night fighters. Approximately 2 per cent of night blindness is due to deficiency of vitamin A.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

TECHNIQUE IN TRAUMA. By Fraser B. Gurd, M. D., and F. Douglas Ackman, M. D. In collaboration with John W. Gerrie, M. D., Edward S. Mills, M. D., Joseph E. Pritchard, M. D., and Frederick Smith, M. D. Fabrikoid. Price, $2.00. Pp. 68, with illustrations. Philadelphia: J. B. Lippincott Company, 1944.

PRACTICAL MALARIA CONTROL. A Handbook for Field Workers. By Carl E. M. Gunther, M. D., B. S. The author has spent many years as medical officer of a large industry in the Mandated Territory of New Guinea and is at present with the Australian Medical Corps. Fabrikoid. Price, $2.50. Pp. 91. New York: Philosophical Library, 1944.

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.

WEST PALM BEACH, FLA.
1201 South Olive

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartaw*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Cliftan*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cacaa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

DUVAL COUNTY AUXILIARY

An election of officers featured the final meeting for the season of the Woman's Auxiliary to the Duval County Medical Society, held in the home of Mrs. Edward Jelks, 2244 St. Johns Ave., Thursday, June 1, at 3 p. m. Mrs. Charles Henley was unanimously elected president. In accordance with a slate presented by the nominating committee, Mrs. James L. Borland was named vice president; Mrs. Archie Caraway, secretary, and Mrs. Paul Martin, treasurer. Serving on the nominating committee were Mrs. Raymond King, chairman, Mrs. Edward Jelks and Mrs. B. A. Chapman.

In the absence of the president, Mrs. J. W. Hayes, Mrs. S. R. Norris presided over the meeting and presented the gavel to Mrs. Henley who accepted the presidency with a few gracious words, stating, "If we who are privileged to stay at home, when so many of our loved ones are in the armed service, can continue to live a sane, satisfactory and helpful life, then we will already have accomplished one of our aims, and I feel sure that by so doing we will have laid the foundation for a more effective organization in the postwar era."

Mrs. Henley then presented the newly elected officers and the following committee chairman, who will serve on the new board: program, Mrs. James L. Borland; social, Mrs. F. W. Krueger; organization, Mrs. A. K. Wilson; legislation, Mrs. O. P. Broadbent; exhibit, Mrs. Gordon Ira; Bulletin, Mrs. John Owens; philanthropic, Mrs. Ernest Veal; public relations, Mrs. S. M. Copeland; historian, Mrs. Victor Hughes; parliamen-

Effective
Convenient
Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

S. A. Kyle *Funeral Director*

17 WEST UNION STREET JACKSONVILLE 2, FLORIDA

Phones MEMBER National Selected Morticians BY INVITATION 5-3766 5-3767

CLOSING OUT SALE

We are liquidating our entire stock of Surgical Instruments, Dressings, Glassware and Enamelware, etc. etc., at 50 and 60 cents on the dollar. This is the time to stock up. All goods guaranteed.

MIAMI SURGICAL CO. 213 S. E. 1st St., Ph. 31302

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas



LONG LAST

Laboratory tested

Why Waste Time in the Dark Room?

Develop your films in "LONG LAST", tested chemicals. Works fine in hard or soft water.

A **3 minute** developer with excellent contrast.

Films will FIX completely **in 3 minutes.** If your dealer can't supply you, write us direct and we will arrange. Standard prices.

Manufacturers of Concentrate Photographic and X-ray chemicals.

SURLES X-RAY CO.

34-11 56th Street, Woodside, N. Y.

tarian, Mrs. Edward Jelks; publicity, Mrs. Raymond King; defense, Mrs. George Richardson.

During the business session reports of officers and committee chairmen were heard. Outstanding work was reported accomplished by the defense committee of which Mrs. Henley served as chairman and Mrs. Richardson, co-chairman. Day rooms have been furnished, boxes sent to service men and a large donation given to the Red Cross.

Mrs. Caraway, Hygeia chairman, reported that, through the cooperation of the Duval County Medical Society, Hygeia has continued to be placed in the libraries of all public schools of Duval County.

In the hope of facilitating the attendance of doctors' wives, especially those with children, a motion was made to change the meeting hour from 3 p. m. to 11 a. m. on the regular day, the first Thursday of October, March and June, and the second Thursday in January. This motion will be voted on at the first meeting of the new year.

A committee, comprised of Mrs. S. M. Copeland, chairman, Mrs. John Beals and Mrs. B. A. Chapman, was appointed to draw up resolutions on the passing of Mrs. C. W. Johnston, former secretary of the Auxiliary, whose loss has been deeply felt by members of the Auxiliary.

Mrs. Gordon Ira gave a report on the State Convention held in St. Petersburg in April. She said that, in comparison with other auxiliaries, the Duval County Auxiliary had had an outstanding year, particularly in regard to the work of the defense and public relations departments.

Following the business session a social hour was enjoyed, and members were urged to keep in mind the first Thursday in October, the date of the opening meeting of the new year.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101

PATRONIZE
JOURNAL ADVERTISERS



BRAWNER'S SANITARIUM
Established 1910
SMYRNA, GEORGIA
(Suburb of Atlanta)
For Nervous and Mental Disorders
Drug and Alcohol Addiction.
Approved diagnostic and therapeutic methods.
Metrazol and Electro-shock in selected cases.
Special Department for General Invalids and Senile Cases at Monthly Rates
JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

Cook County Graduate School of Medicine
(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit
ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting August 7, August 21, and every two weeks throughout the year. One Week Course in Colon and Rectal Surgery starts October 16.

MEDICINE—Two Weeks Course in Internal Medicine starts October 16.

GYNECOLOGY — Two Weeks Intensive Course starts October 2. One Week Course Vaginal Approach to Pelvic Surgery starts October 23rd.

OBSTETRICS—Two Weeks Intensive Course starts October 16.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

GASTROSCOPY—Personal Course starts October 16.

OTOLARYNGOLOGY — Two Weeks Intensive Course starts October 2.

ROENTGENOLOGY—Courses X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois



"I can see my hammock now, hanging in the orchard . . . with Brownie sleeping underneath . . . and the sound of the brook where the kids are playing . . ."

And so his letters go—full of the things he misses so . . . the *little* things that to him, as to all of us, add up to home.

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. Wholesome and satisfying, how good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.



Men of the U. S. Navy say letters keep up morale . . . write that V-Mail letter today!

A glass of beer or ale—not of crucial importance, surely . . . yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his.

Morale is a lot of <u>little</u> things

(As you, Doctor, know better than most)

BREWING INDUSTRY FOUNDATION



Back In Production!

AO OPHTHALMIC CHAIR AND UNIT

ATTRACTIVE . . . DURABLE . . . EFFICIENT

If you've been waiting for the opportunity to secure an ophthalmic chair and unit, here's good news! WPB restrictions now permit manufacture of the AO De Luxe Ophthalmic Chair and Unit. True—production is limited and delivery will be slow, but *now* is the time to place your order.

Consisting of a combination oil compression chair and instrument stand, this unit is especially designed for modern refracting requirements. It gives your refracting room the true professional appearance you desire. The adjustable De Luxe chair provides perfect comfort for your patients . . . puts them at ease. The instrument stand, also adjustable, helps facilitate the complete examination. For complete information, contact your AO representative.

American Optical COMPANY

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	
Southern Medical Association	James A. Ryan, Covington, Ky.	Mr. C. P. Loranz, Birmingham	St. Louis, Nov. 13-16, 194
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19,
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	
Dental Society, State	E. C. Lunsford, D.D.S., Miami	H. L. Cartee, D.D.S., Miami	Miami Beach, Nov. 9-11,
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	George S. McClellan, Pompano	W. M. Rowlett, Tampa	
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	A. P. Black, Gainesville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 4-6, 194
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	



BUY WAR BONDS



NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

ADEM
CINE
1944
PY

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI SEPTEMBER, 1944 No. 3

CONTENTS

Primary Atypical Pneumonia; An Analysis of One Hundred and Forty Cases, Major Morris B. Guthrie and Major Richard Reeser, Jr., M.C., A.U.S. 101

Pulmonary Congestion and Edema in Cardiac Failure, William C. Blake, M.D., Tampa 104

Abstracts of Medical Articles 107

Editorials: The G.I. Bill of Rights; Dr. William M. Rowlett Resigns 109

From My Point of View 110

Southern Medical Association Meeting 112

Premedical Student Deferment 112

Medical Licenses Granted 114

State News Items 114

Births and Deaths 116

Component County Societies 118

Advertisers' Notes 120

Woman's Auxiliary 122

Schedule of Meetings 126

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.



"MY DOCTOR certainly hated figuring and re-figuring proportions of milk, carbohydrates, water for feeding formulas.

"Then he looked into S-M-A. And I was on S-M-A—as soon as he saw what a dependable way it was to shortcut that old arithmetic. In only two minutes he explained to my Mummy how to mix and feed my S-M-A.

"*He knows that in S-M-A I'm getting an infant food that closely resembles breast milk in digestibility and nutritional completeness.*

"Since my doctor put me on S-M-A I'm happy, strong 'n' growin'. Mummy's happy 'cause *I'm* happy, and feeding's easier for her. And Doctor's happy—'cause he can lick his extra wartime work without feeling all in.

"If you ask me—EVERYBODY'S happy if it's an S-M-A baby!"

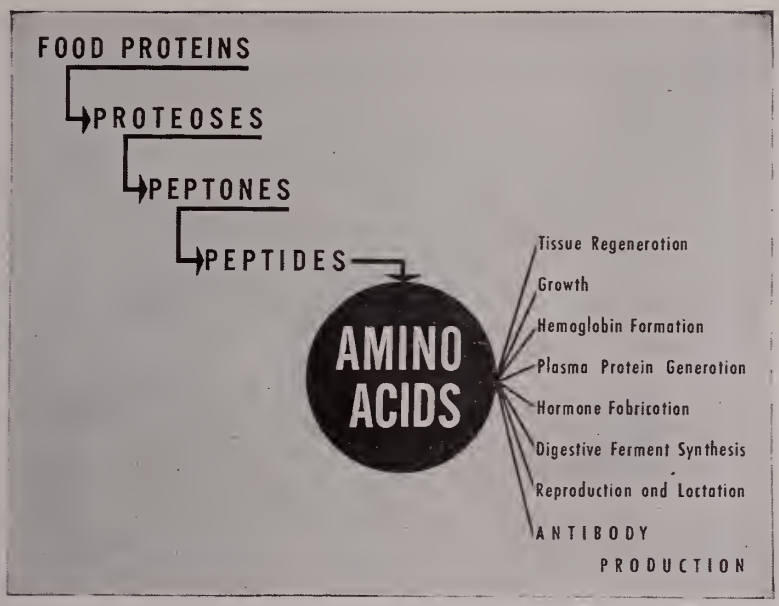
• • •

A nutritional product of the S.M.A. Corporation,
Division WYETH Incorporated

S-M-A is derived from tuberculin-tested cows' milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an antirachitic food. When diluted according to directions, S-M-A is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash in chemical constants of fat and physical properties.

Everybody's **HAPPY IF IT'S AN SMA BABY!**

REG. U. S. PAT. OFF.



Resistance to Infection

and antibody production apparently are closely linked to quantitative and qualitative protein-adequacy of the diet.* Meat not only is a rich source of proteins, but its proteins, being of highest biologic value, are the RIGHT KIND for antibody production.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

*"It is evident, therefore, that antibody production is but a phase of protein metabolism and that a protein deficiency, whether due to an inadequate protein intake, to protein loss, or to defective protein metabolism, must, in time, impair the maturation or preservation of the antibody mechanism. . . . This means, in turn, that food may play a decisive part in infectious processes in which antibody fabrication is desirable." Cannon, Paul R.: Protein Metabolism and Acquired Immunity, J. Am. Dietet. A. 20:77 (Feb.)1944.

AMERICAN MEAT INSTITUTE
MAIN OFFICE, CHICAGO...MEMBERS THROUGHOUT THE UNITED STATES

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.) Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



BRAWNER'S SANITARIUM
Established 1910
SMYRNA, GEORGIA
(Suburb of Atlanta)
For Nervous and Mental Disorders
Drug and Alcohol Addiction.
Approved diagnostic and therapeutic methods.
Metrazol and Electro-shock in selected cases.
Special Department for General Invalids and Senile Cases at Monthly Rates
JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524
Dr. M. J. L. Hoye, Supt.
Fellow of the American Psychiatric Association

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive



WHAT ARE WE LOOKING FOR?



In arsenical research we are seeking compounds which offer promise of greater effectiveness against the spirochete of syphilis with less toxicity to the patient . . . a syphilis therapy that will be even better than the dramatically successful Mapharsen* treatment of today. But that is not all we are looking for... we are making an exhaustive study of arsenic compounds, searching for the one that may bring amebic dysentery and other diseases of protozoan origin under control, and open up new fields of effective therapeutics.

*Trade-mark Reg. U. S. Pat. Off.

PARKE, DAVIS & COMPANY DETROIT 32, MICHIGAN

"... information on nutrition or other health subjects should be obtained from the medical profession . . ."

WATSON, E. R.: SYMPOSIUM ON NUTRITION,
J. MED. ASSN. GEORGIA, 32:326 (Oct.) 1943



The above truism applies with particular emphasis to the early recognition and treatment of vitamin deficiency conditions.

Therefore, cooperating fully with the clinician, White Laboratories steadfastly continues to promote White's Prescription Vitamins solely to the medical profession.

White's prescription products are in *no* way advertised to the laity.

• WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers, Newark 7, N. J.

White's PRESCRIPTION *vitamins*



Accent on *Velvet Smoothness*

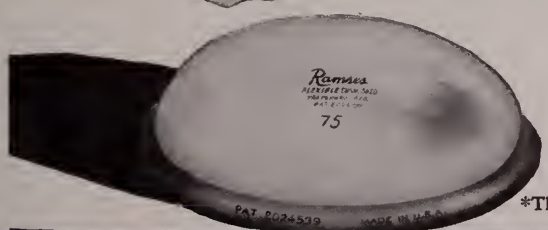
The process used in manufacturing the "RAMSES"* Flexible Cushioned Diaphragm produces a dome which is soft and pliable and can best be described as being as smooth as velvet.

This velvet-smoothness lessens the possibility of irritation during use.

The "RAMSES" Flexible Cushioned Diaphragm is manufactured in sizes of 50 to 95 millimeters in gradations of 5 millimeters. It is available on the order or prescription of the physician through any recognized pharmacy.







ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Ramses
TRADE MARK REG U S PAT OFF.

FLEXIBLE CUSHIONED
DIAPHRAGM

*The word "RAMSES" is the registered trademark of Julius Schmid, Inc.

Gynecological Division

JULIUS SCHMID, INC.

Established 1883

423 West 55th Street New York 19, N. Y.

A MARK OF Ramses DEPENDABILITY

Insulin action *timed* to the needs of the day



'WELLCOME' GLOBIN INSULIN WITH ZINC

● As the diabetic goes through the day, his insulin requirements vary. 'Wellcome' Globin Insulin with Zinc provides an action timed to meet these changing needs. An injection in the morning is followed by rapid onset of action which is sustained for continued blood sugar control as the day wears on. Finally by night insulin action begins to wane, minimizing the occurrence of nocturnal reactions.

Many moderately severe and severe cases of diabetes may be controlled with only a single, daily injection of 'Wellcome' Globin Insulin with Zinc. This new long acting insulin is a clear solution of uniform potency. In its freedom from allergenic skin reaction, it is comparable to regular insulin. This advance in diabetic control was developed in the Wellcome Research Laboratories, Tuckahoe, N. Y. U. S. Pat. 2,161,198.

Vials of 10 cc. 80 units in 1 cc.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Literature on request

'Wellcome' Trademark Registered

BURROUGHS WELLCOME & CO. (U.S.A.) INC. **9-11 E. 41st St., New York 17, N. Y.**

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

Heroes of the United States Medical Services



DR. HENRY ROSE CARTER
(1852-1925) U. S. Public Health Service

AS ASSISTANT SURGEON of the U. S. Marine Hospital Service, Dr. Carter pioneered in the study of two of the most perplexing medical problems...malaria and yellow fever. His outstanding work in Mississippi in the control of these diseases provided the basis for the triumphs of Reed and Gorgas. His studies of communicable disease led to the development and modernization of maritime quarantine. Weeks of time and millions of dollars' worth of valuable goods were saved by his modernization of archaic quarantine restrictions. Dr. Carter laid the groundwork for today's goal of modern quarantine: "maximum safety with minimum delay."

Ciba Pharmaceutical Products, Inc. salutes the men in the Medical Services of the United States as well as those in civilian forces responsible for health "behind the lines."

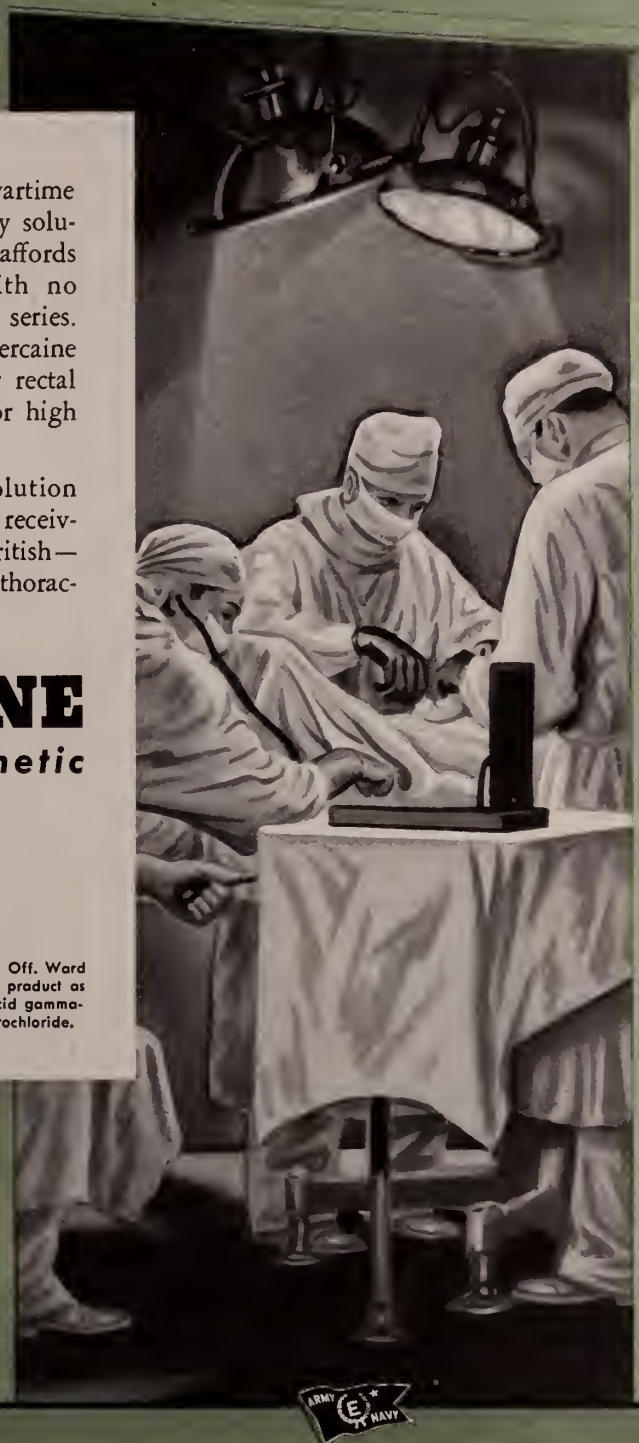
Father of Modern Maritime Quarantine



© 1944, C P P, Inc

Ciba PHARMACEUTICAL PRODUCTS, INC.
SUMMIT NEW JERSEY
CANADIAN BRANCH MONTREAL, QUEBEC
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

IN WARTIME ANESTHESIA



MILITARY MEN[1] writing on wartime anesthesia state that a heavy solution of Nupercaine* (1:200) affords anesthesia of long duration with no circulatory disturbances in their series. Furthermore, they note that Nupercaine Hydrochloride is highly useful for rectal operations and serves admirably for high abdominal anesthesia.

As a spinal anesthetic, Jones solution (Nupercaine 1:1500)—which is receiving enthusiastic acclaim by the British—may be used in the management of thoracic war injuries[2].

NUPERCAINE

a long-acting anesthetic

[1] Clement, F. W.; Elder, C. K.: Anesthesiology, 4:516, September, 1943.

[2] Farsee, J. H.; Shefts, L. M.; Burbank, B.; Fitzpatrick, L. J.; Burford, T. H.: J. Lab. & Clin. Med., 28:418, January, 1943.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

*Trade Mark Reg. U. S. Pat. Off. Ward "Nupercaine" identifies the product as alpha-butylaxycinchaninic acid gamma-diethylethylenediamide hydrochloride.

ARMY (E) NAVY

Tomorrow's Medicines from Today's Research

Ciba

Pharmaceutical Products, Inc.

SUMMIT, NEW JERSEY

CANADIAN BRANCH: MONTREAL, QUEBEC

"I'm sorry I invented the pocket!"



IF I HAD KNOWN that some Americans would be using pockets to hold all the extra money they're making these days, I never would have invented them.

Pockets are good places to keep hands warm.

Pockets are good places to hold keys . . . and loose change for carfare and newspapers.

But pockets are no place for *any* kind of money except actual expense money these days.

The place—the *only* place—for money above living expenses is in War Bonds.

Bonds buy bullets for soldiers.

Bonds buy security for your old age.

Bonds buy education for your kids.

Bonds buy things you'll need later—that you can't buy now.

Bonds buy peace of mind—knowing that your money is in the fight.

Reach into the pocket I invented. Take out all that extra cash. Invest it in interest-bearing War Bonds.

You'll make me very happy if you do.

You'll be happy too.

"WAR BONDS to Have and to Hold



FLORIDA MEDICAL ASSOCIATION

This is an official U.S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

All alike?

RABBIT EYE TESTS* TELL A DIFFERENT STORY!

Edema 0.8 (from PHILIP MORRIS Cigarettes) vs. Edema 2.7 (from *ordinary* cigarettes) clearly reveals the wide difference in irritation caused by different cigarettes.

Equally conclusive are clinical tests.** They have proved over and over again that PHILIP MORRIS Cigarettes are definitely and measurably less irritating to the nose and throat.

Doctor, may we urge you to make your own tests . . . on smokers whose throats are irritated from smoking . . . and *see* PHILIP MORRIS' superiority for yourself!



0.8 . . . *Average edema upon instillation of smoke solution from* **PHILIP MORRIS CIGARETTES.**



2.7 . . . *Average edema upon instillation of smoke solution from* **ORDINARY CIGARETTES.**

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

*Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245.
**Laryngoscope, 1935, XLV, No. 2, 149-154.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



Good appetite is a precious thing. All healthy babies are born with one. Like many precious things, it must be preserved and cultivated by good care and proper foods.

'Dexin', a high dextrin carbohydrate food for infant feeding, is not oversweet and will not dull a good appetite—a major consideration for any baby's well being. Following the early use of 'Dexin', the addition of other bland foods to the diet is more easily accomplished.

The high dextrin content of 'Dexin' promotes (1) the formation of soft, flocculent, easily digested curds, and (2) diminishes intestinal fermentation and the tendency to colic and diarrhea. 'Dexin' is readily soluble in hot or cold milk.

'Dexin' Reg. U. S. Patent Office



'Dexin' does make a difference

'DEXIN'

HIGH DEXTRIN CARBOHYDRATE

COMPOSITION	Dextrins 75%	Mineral Ash . 0.25%	
	Maltose 24%	Moisture . . 0.75%	
	Available carbohydrate 99%	115 calories per ounce	

6 level packed tablespoonfuls equal 1 ounce

ACCEPTED AMERICAN MEDICAL ASSN

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41st St., New York 17, N. Y.

Doctor of Medicine



HE WEARS the same uniform . . . He shares the same risks as the man with the gun.

Right this very minute you might find him in a foxhole under fire at the side of a fallen doughboy...

Jumping with the paratroopers...riding with a bomber crew through enemy fighters and flak...

Or sweating it out in a dressing station in a steaming jungle...

Yes, the medical man in the service today is a fighting man through and through, except he fights without a gun.

They call him *"Doc."* But he's more than physician and surgeon: he's a trusted friend to every fighting man.

And doctor that he is...doctor of medicine and morale...he well knows the comfort and cheer there is in a few moments' relaxation with a good cigarette...like Camel.

For Camel, with the fresh, full flavor of its incomparable blend of costlier tobaccos and its soothing mildness, is the favorite cigarette with men in *all* the services.*

First in the Service

***With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)**



Camels

COSTLIER TOBACCOS

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

...and Morale



A Synthetic Estrogen combining marked effectiveness with singularly few untoward effects

OCTOFOLLIN*

Schieffelin Brand of Benzestrol

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

OCTOFOLLIN TABLETS
Potencies of
0.5, 1.0, 2.0, 5.0 mg.
Bottles of 50, 100 and 1000

OCTOFOLLIN SOLUTION
Potency of
5 mg. per cc in oil
Rubber capped vials of 10 cc

OCTOFOLLIN is effective in relieving menopause symptoms, senile vaginitis and may be used in the treatment of infantile gonorrheal vaginitis, in suppression of lactation and in ovarian hypofunction of estrogenic origin.

OCTOFOLLIN is available in tablet form for oral administration and in solution for parenteral use.

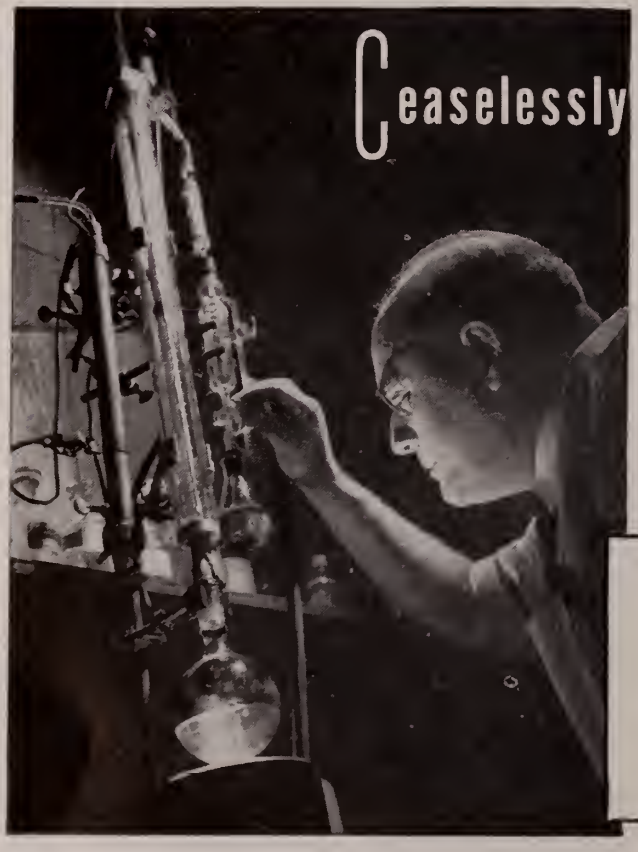
Literature and Sample on Request

Schieffelin & Co.

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N. Y.

*Reg. U. S. Pat. Off. The trademark OCTOFOLLIN identifies the Schieffelin Brand of Benzestrol



Ceaselessly searching....improving

In the Research Laboratories of American Optical Company, men of science are engaged in an endless search—exploring the worlds of optics, ceramics, metallurgy, chemistry, plastics and physics. They are forever probing the secrets and potentialities of materials and methods.

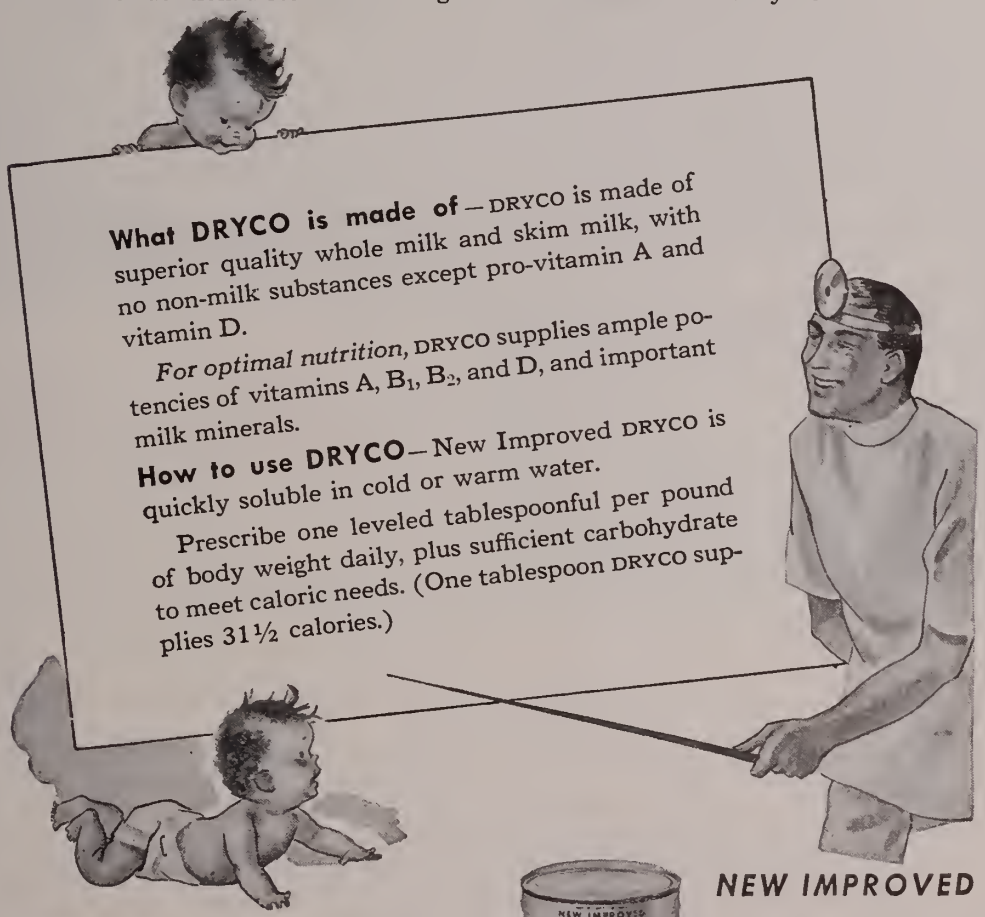
Thanks in great measure to AO research, there are, and will continue to be, constant improvements in the things American Optical makes—improvements that redound to the credit of those who are responsible for eye comfort and visual efficiency.

American Optical COMPANY

FOUNDED IN 1833—THE WORLD'S LARGEST SUPPLIERS TO THE OPHTHALMIC PROFESSIONS

How DRYCO meets infant feeding needs...

New Improved DRYCO is a scientifically adjusted milk food, designed only for infant nutrition. Because of *its high-protein, low-fat content,* it can be used alone, with carbohydrate, with milk, or with milk and carbohydrate.



What DRYCO is made of—DRYCO is made of superior quality whole milk and skim milk, with no non-milk substances except pro-vitamin A and vitamin D.

For optimal nutrition, DRYCO supplies ample potencies of vitamins A, B_1, B_2, and D, and important milk minerals.

How to use DRYCO—New Improved DRYCO is quickly soluble in cold or warm water.

Prescribe one leveled tablespoonful per pound of body weight daily, plus sufficient carbohydrate to meet caloric needs. (One tablespoon DRYCO supplies 31½ calories.)



NEW IMPROVED

DRYCO

DRYCO is made from spray-dried, superior quality whole milk and skim milk. It supplies 2500 U.S.P. units of vitamin A and 400 U.S.P. units of vitamin D per reconstituted quart. For information, write Borden's Prescription Products Division, 350 Madison Ave., New York 17, New York.

A BORDEN PRESCRIPTION PRODUCT

Available at all drugstores



More Power

THAN THE

BROADWAY LIMITED

• Physically, your prescription pharmacy is a relatively simple structure. Yet, at its disposal is the combined power of all the manufacturing resources of the world. Huge engines, giant extraction tanks, tons upon tons of mechanical equipment are employed in the production of the countless therapeutic agents which your pharmacist can dispense at a moment's notice. Vitamins, liver extracts, germicides, barbiturates, biologicals are but a few of the many. You can depend upon your pharmacist for a full measure of professional service. His facilities are supported by the power of the leading manufacturers in his field. Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly

BUY MORE WAR BONDS

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI Jacksonville, Florida, September, 1944 No. 3

PRIMARY ATYPICAL PNEUMONIA

AN ANALYSIS OF ONE HUNDRED AND FORTY CASES

MAJOR MORRIS B. GUTHRIE
AND
MAJOR RICHARD REESER, JR.
MEDICAL CORPS, ARMY OF THE UNITED STATES

It is our desire to present for study a series of cases of primary atypical pneumonia occurring in a military hospital over a period of approximately two years. This presentation is made to reemphasize the more frequent occurrence of this clinical entity in recent years in both civilian and military life. Perhaps little original information will be added to the knowledge of this disease, but we hope our series will add to the general information concerning this condition.

TERMINOLOGY

Writing from a military establishment, we shall use throughout our discussion the term primary atypical pneumonia since this is the accepted military diagnosis. This condition has been discussed under various names, such as acute interstitial pneumonitis, virus pneumonia, primary bronchial pneumonia and disseminated focal pneumonia. Such a variance of terms is due to a failure so far to establish a specific etiologic agent, and also to the fact that it has been rather widely discussed in the literature by many authors who have been able to agree only on one thing, that it is an atypical pneumonia of undetermined etiology.

ETIOLOGY

At present the etiology is not known with any degree of certainty. Present work and knowledge point to the fact that it is caused by a virus infection. Indirectly we may state that:

1. It is contagious, appearing either as scattered cases or in a mild epidemic form.[1]

2. No bacterial cause has been established so far, and it is unlikely that one ever will be established.[2, 3]

3. It fails to respond to sulfonamide therapy.[4, 5] Bacterial diseases are relatively more susceptible to treatment with sulfonamides than are virus infections.

On the positive side there is considerable evidence that a virus is the causative factor.[6] It has been reported by several groups of authors that an acute respiratory disease resembling atypical pneumonia has developed in humans who were in contact with cats ill with feline virus infection.[7] One group isolated twelve strains of a virus from patients with primary atypical pneumonia. All twelve strains were antigenically related to the pneumonia virus of mice.[8] At present it appears that the term virus pneumonia and other descriptive terms for primary atypical pneumonia are used to describe a syndrome made up of a number of entities, each caused by a virus, or a rickettsia, or possibly a fungus.[9]

SYMPTOMATOLOGY

Primary atypical pneumonia may be described as an acute, contagious, respiratory disease with usually an insidious onset. Fever is the most common symptom. In a few cases frank chills occur. Cough seems to be the most frequent complaint; it is characterized as a dry cough early in the illness in about 75 per cent of the cases. Subjective complaints of malaise, chilliness, headache, generalized muscular aches, anorexia, pain in the chest and vomiting are noticed in the order named. The cough usually becomes productive as the disease progresses, and it has been our experience that gross blood in the sputum is a common finding. It does not, however, have the rusty color of a pneumococcic lobar pneumonic sputum, but is more wine-colored in nature.

TABLE 1. SYMPTOMS IN ORDER OF OCCURRENCE

Symptom	Number	Per Cent
Cough (dry—90, productive—31)	121	86
Feverish (chilly—93, chills—15)	108	77
Malaise	94	87
Headache	67	48
Muscular aches	65	46
Anorexia	58	41
Chest pains (pleural—11, general—29)	40	29

CLINICAL DISCUSSION

The following are the usual observations on a patient admitted with primary atypical pneumonia: There are moderate nasal congestion, a warm, dry skin, a moderately reddened pharynx, and a dry cough. This condition could easily be diagnosed as grip, a severe nasopharyngitis, or a catarrhal bronchitis. The respiratory rate is elevated in proportion to the temperature, and patients only rarely experience dyspnea. Noticeable cyanosis or flaring of the alae nasi occurs only when there is extensive involvement

Read before the Seventy-first Annual Meeting of the Florida Medical Association, St. Petersburg, April 13, 14, 1944.

and the patient is seriously ill. The earliest sign referrable to the chest seems to be a suppression of breath sounds over the involved lobe.

The lower lobes are most commonly involved. Next, fine, moist rales develop and are heard best at the end of forced inspiration. Coarse rales and rhonchi are not common early, but are constant signs during resolution of the process. Rarely is impaired resonance elicited on examination. It is also interesting to note that physical indications do not parallel roentgen manifestations in primary atypical pneumonia such as is the case in pneumococcic lobar pneumonia. Almost invariably roentgen evidence is more extensive than the physical signs indicate.[10] Five cases in our series were diagnosed by roentgen examination alone when the patient stated he had a cough and a roentgenogram of the chest was ordered at the outpatient dispensary. In these cases the patients were also afebrile during their stay in the hospital.

Febrile reaction varies rather widely. In some cases the patient has only two or three degrees of fever, but in the occasional case a peak of 106 F. or higher is reached. The fever is intermittent in character and follows no regular pattern. Practically always it falls by lysis, and only rarely does a patient become afebrile by an abrupt drop to normal. It has been our experience that often in cases of respiratory infection with continued fever and negative results on physical examination of the chest primary atypical pneumonia is demonstrated by roentgen examinations. Eighty-four, or 60 per cent of the patients in our series had a peak temperature ranging between 102 and 104 F.

TABLE 2. TEMPERATURE RANGE

Temperature	98	99	100	101	102	103	104	105	106
Number of Cases	5	14	12	19	35	22	27	4	2

60%

The period of hospitalization will not be discussed, for in a military establishment many factors govern its duration besides the actual febrile course of the disease. There was a wide variation in febrile days, ranging from no febrile days in 5 instances to forty febrile days in 1 case. The average number of febrile days was six and seven-tenths. Any reading above 98.6 F. was considered as indicative of a febrile condition.

Examination of the blood at the time of admission of the patient showed that the leukocyte and differntial counts varied from a high of 36,800 cells with 92 per cent neutrophils and 8 per cent lymphocytes to a low of 5,000 cells with 58 per cent neutrophils and 34 per cent lymphocytes. The average for the series was a total leukocyte count of 9,360 cells with 68 per cent neutrophils and 30 per cent lymphocytes. In only 9 of the 140 cases of this series was there a leukocytosis with the white cell count over 15,000.

No case was included in this series in which cocci in the sputum could be typed. In all cases in which a high degree of leukocytosis was present, or in which there was a history, or symptoms, or a physical sign suggesting pneumococcic pneumonia the sputum was typed. When the usual fine, moist, inspiratory rales were noted on examination of the chest and moderate leukocytosis was demonstrated, it was not typed.

The sedimentation rate was determined in only 13 instances with an average drop of 24 mm. in sixty minutes. The Cutler method for determining the sedimentation rate was used.

TABLE 3.—BLOOD WORK LEUKOCYTE COUNT ON ADMISSION

	Total	Neutrophils	Lymphocytes
Low	5,000	58	34
High	36,800	92	8
Average	9,300	68	30

Sedimentation rate in millimeters at 60-minute interval (Cutler method) 13 cases.

Low 5 High 32 Average 24

Urinalyses consistently gave negative results.

Roentgen examination was the final criterion of diagnosis.[11] Roentgen evidence in primary atypical pneumonia is generally characteristic. The usual lesion may best be described as a patchy, hazy infiltration of the lobe or lobes involved. The lower lobes were involved in the majority of our cases. This observation is consistent with other reports in the literature.[12] The distribution of lesions between the right and left lower lobes was equal.

TABLE 4.—LOBE INVOLVEMENT DEMONSTRATED ROENTGENOLOGICALLY

Lobe	Left Upper Lobe	Right Upper Lobe	Right Middle Lobe	Right Lower Lobe	Left Lower Lobe	Bilateral
Number of Cases	6	10	7	66	66	16

94%

Complications were so infrequent in our series as to be entirely unimportant. In a few instances patients were dismissed to duty with slight residual pleural thickening in the region of the diaphragm.

DIFFERENTIAL DIAGNOSIS

The average case should present no trouble in diagnosis after a careful history has been taken and a physical examination has been made. Any question of diagnosis was usually answered by determination of the leukocyte and differential blood cell counts together with roentgen examination of the chest. In some instances typing of the sputum was also necessary to exclude pneumococcic pneumonia.

If the patient was acutely ill on admission, we were able at all times to get immediate typing of the sputum, blood counts and roentgen examinations. Because of this service we were able to rule out accurately pneumococcic lobar pneumonia. We realize, of course, that this diagnostic aid is in sharp contrast to that of present civilian practice where facilities of diagnosis may not be so adequate and where cost to the patient must be considered.

TREATMENT

General symptomatic treatment included adequate fluid intake, sufficient salicylates to control aching and discomfort, and codeine to control the cough. In a few cases oxygen was given by means of an oxygen tent when the temperature was extremely high and the patient showed effects of anoxia, that is, dyspnea and cyanosis.[13] In 104 cases of our series the patient received only symptomatic treatment as outlined. In the remaining 36 cases the patient received sulfonamides, either sulfadiazine or sulfathiazole in adequate dosage. We could observe no particular benefit from sulfonamide treatment. This observation is in accordance with the conclusions of other writers[4,5,13] regarding this therapy.

TABLE 5.—FEBRILE PERIOD AND TYPE OF TREATMENT

	Symptomatic	Sulfonamide
Shortest	0 days	0 days
Longest	31 "	40 "
Average	5.6 "	10 "
Number of patients	104	36
Average for series		6.7 "

Three patients were treated with pooled liquid plasma with the idea of securing benefit from antibodies. One patient experienced an abrupt fall in temperature from 104 to 98.6 F. in a few hours. The second patient was moderately benefited, and the third patient showed no results from the plasma therapy. Three cases are too few in number to warrant even hazarding a conclusion about the value of plasma as a means of treatment.[13,14]

SUMMARY

Primary atypical pneumonia is an acute, contagious, respiratory infection, probably of virus origin.

Its symptomatology is such that it can be easily confused with grip, mild influenza, or catarrhal bronchitis.

Roentgen examination of the chest is the most reliable method of diagnosis.

Sulfonamides are not indicated in its treatment.

In our series of 140 cases no complications occurred, and no important residuals were noted.

There were no fatalities in this series.

REFERENCES

1. Iverson, H. A.: Epidemic of Acute Respiratory Disease Associated with Atypical Pneumonia, Bull. Johns Hopkins Hosp. **72**: 89-100 (Feb.) 1943.
2. Meakins, J. F.: Primary Atypical Pneumonia of Unknown Etiology, Canad. M. A. J. **48**: 333-337 (Apr.) 1943.
3. Suttenfield, F. D.: Primary Atypical Pneumonia (Virus Pneumonia), Mil. Surgeon **93**: 360 (Oct.) 1943.
4. Dingle, J. H., and Others: Primary Atypical Pneumonia, Etiology Unknown, War Med. **3**: 223-248 (Mar.) 1943.
5. Campbell, T. A.; Strong, P. S.; Grier, G. S., III, and Lutz, R. J.: Primary Atypical Pneumonia, Report of 200 Cases at Fort Eustis, Virginia, J. A. M. A. **122**: 723-729 (July 10) 1943.
6. Reimann, H. A.; Havens, W. P., and Price, A. H.: Etiology of Atypical ("Virus") Pneumonias, with Brief Resume of Recent Discoveries, Arch. Int. Med. **70**: 513-522 (Oct.) 1942.
7. Blake, F. G.; Howard, M. E., and Tatlock, H.: Feline Virus Pneumonia and Its Possible Relation to Some Cases of Primary Atypical Pneumonia in Man, Yale J. Biol. & Med. **15**: 139-166 (Dec.) 1942.
8. Horsfall, F. L., Jr., and Others: Virus Recovered from Patients with Primary Atypical Pneumonia, Science **97**: 289-291 (Mar. 26) 1943.
9. MacLeod, C. M.: Primary Atypical Pneumonia, M. Clin. North America **27**: 670-680 (May) 1943.
10. Whiteley, J. H.; Bernstein, A., and Goldman, M. J.: Primary Atypical Pneumonia; Report of 25 Cases, Mil. Surgeon **91**: 499-502 (Nov.) 1942.
11. Drew, W. R. M.; Samuel, E., and Ball, M.: Primary Atypical Pneumonia, Lancet **1**: 761-765 (June 19) 1943.
12. Kasich, M., and Cohen, I. S.: Primary Atypical Pneumonia, J. M. Soc. New Jersey **40**: 358-364 (Sept.) 1943.
13. Green, D. M., and Eldridge, F. G.: Primary Atypical Pneumonia; Etiology Unknown, Mil. Surgeon **91**: 503-517 (Nov.) 1942.
14. Flexner, M., and Garon, M. L.: Virus Pneumonia; Treatment with Convalescent Blood, Kentucky M. J. **41**: 5-14 (Jan.) 1943.

DISCUSSION

MAJOR RICHARD REESER, JR., MacDill Field, Tampa: Major Guthrie has presented a discussion of atypical pneumonia as it has been seen by us at MacDill Field. I should like to emphasize that this is the type of pneumonia that is being encountered almost exclusively in this area. Bacterial pneumonia has been of rare occurrence in our experience. There has been a tendency to consider atypical pneumonia as having newly arrived on the scene. It has been definitely known for eight years, but is believed to have been rare before 1938. Reimann concluded that it is not a new disease, but one which has been delineated from a large heterogeneous group of pneumonias. No one seems certain how long it has existed. The recent increase in the reported incidence of atypical pneumonia seems to be due to recognition of it as an entity, and an actual increase in its incidence may represent a fluctuation in incidence common to many contagious diseases.

The virus responsible for atypical pneumonia is probably closely related to the viruses that cause other diseases such as influenza, psittacosis, meningopneumonitis, lymphogranuloma inguinale and lymphocytic choriomeningitis. Furthermore, certain agents other

than viruses, like the Rickettsia of Q fever, the protozoan Toxoplasma and the fungus Coccidioides immitis, may also cause disease resembling the pneumonias caused by viruses. Etiologic studies should be made in all cases of pneumonia, including the special serologic tests for lymphocytic choriomeningitis and for disease caused by the psittacine group of viruses, and the disease should be named according to its etiologic agent whenever possible.

I think some mention should be made of the excellent care the soldiers are receiving at Army hospitals. Some of the physicians present may have been in station hospitals in Army camps and have seen the buildings and equipment which constitute an Army hospital. Many of you have sons in the Army and more of you have friends whose sons are in the Army. You can rest assured that your boy and your neighbor's boy and their Army associates are being cared for in an excellent manner when they are sick.

LT. COL. KENNETH W. WATTERSON, MacDill Field, Tampa: As early as 1932 and 1933, Bezancon and his associates in France and Feschendorf in Germany described atypical pneumonitis. Bowen in the American Journal of Roentgenology, in 1935, described acute influenzal pneumonitis. Following these reports, Allen, in 1936, reported 50 cases of atypical pneumonitis.

In a recent publication from the United States Army Museum 3 cases were reported in which there was a pathologic picture indistinguishable from the present conception of atypical primary pneumonia. These 3 cases date from the American Civil War.

Since the reports of 1932 and 1933 the increasing amount of literature on this subject is indicative of its pandemic proportions. The roentgenographic examination reveals a variety of evidence described as wiry, snowy, cotton ball infiltrations; however, the resemblance to the pneumonitis associated with influenza is at times striking.

An example of the close relationship between atypical primary pneumonia and influenza was brought to my attention by Major Nelken of the Lakeland Air Base. The fatal case there presented the roentgenographic and pathologic picture of old-fashioned World War I influenza.

It must be remembered that the roentgenographic evidence in atypical pneumonia frequently resembles that of tuberculosis or the mycoses. These conditions must be differentiated.

CAPTAIN MORRIS B. GUTHRIE, (concluding): We have all probably seen this condition many times. There was an epidemic of influenza during the first World War. The mortality was rather high due to a complicating pneumonia that frequently developed.

I should like to point out that in some of the cases we studied, when the boys gave their history, all the symptoms of 'flu' were present. By these symptoms we mean chilliness, pain in the bones and joints, severe headache, muscular aches and a dry cough. The nose and throat were red and congested. The description surely sounds like what I used to call 'flu.'

I do not doubt but that a great many of the cases that we called 'flu,' in which it took the patient a long time to recover, would have proved to be atypical primary pneumonia if roentgen examinations of the chest had been made.

I thank you.

BUY WAR BONDS

PULMONARY CONGESTION AND EDEMA IN CARDIAC FAILURE

WILLIAM C. BLAKE, M.D.
TAMPA

Pulmonary congestion and edema often present as acute an onset and as urgent a clinical picture as those produced by acute coronary occlusion. Pulmonary congestion, cardiac asthma, severe paroxysmal dyspnea and pulmonary edema, provided they are of cardiac origin, are all manifestations of failure of the left side of the heart, the different clinical pictures being dependent upon the degree of severity and the rapidity of onset. In cardiac asthma, however, probably an additional nervous factor is present, producing spasm of the atria and finer bronchioles. These closely related conditions, with their common background, always represent an ominous break in cardiac compensation, and the complete recognition of this fact is of paramount importance. Once the left ventricle has failed, recurrence of failure takes place under less and less provocation.

The capillary bed of the lungs is the counterpart of the capillary system of the greater circulation and is influenced to a great extent by factors controlling the integrity of the latter system. The large capillary bed of the lung is reinforced by four very thin, delicate membranes, which make the diffusion of substances and transudation of fluids difficult. Nevertheless, the membranes are so thin that these minute vessels are practically in contact with the air. The low venous pressure of the capillaries in relation to the osmotic pressure of the blood results in a force of absorption rather than transduation. This force operates to a greater degree in the lung than elsewhere in the body; it alone has much to do with the ability of the lung to withstand the strain placed upon it under adverse conditions. The capillaries, of such caliber as to allow red cells to pass only in single file, are capable, nevertheless, of tremendous distention. This dilatation at times can increase to really aneurysmal proportions. The lymphatic system, so amply supplied, with its lymphatic node at almost every bifurcation of the bronchial tree, peculiarly does not enter the alveolar walls, but has its terminations in or near the atria, thus making drainage from the air spaces slow and difficult. The lung is supplied by branches of the vagi and sym-

Read before the Florida Section of the American College of Physicians, St. Petersburg, April 13, 1944.

pathetic nervous system, but the function of this supply is poorly understood. The terminations of this system, however, end in the atria, as do the terminations of the lymphatic system. These anatomic considerations have considerable bearing on the physiology of pulmonary congestion and edema.

Pulmonary congestion and edema may be caused by a variety of physical and chemical factors. First, the most important cause is pathologic conditions leading to failure of the left ventricle and a consequent rise of pressure in the pulmonary veins. The more common of these conditions are hypertension; aortic disease, either stenosis or insufficiency; myocardial infarction; and diffuse myocardial disease. Severe mitral stenosis, although not immediately producing left ventricular failure, does cause the same elevation of venous pulmonary pressure and consequently must be included in this group. Second, edema is produced as an effect of foreign chemical material, such as the inhalation of irritating gases. Edema of this origin has assumed considerable importance in many war plants and undoubtedly will be of importance in the armed forces. Third, congestion and edema are in some instances dependent upon alteration of the hemodynamics of the pulmonary circulation, produced by pulmonary infarcts, the pneumonias and the aspiration of extraneous material. Fourth, pulmonary congestion and edema also occur in diseases associated with the retention of fluids, such as nephritic states, uremia, the toxemias of pregnancy and beriberi. Frequently these etiologic agents act in combination, and in considering proper therapy this fact must be borne in mind. In this paper my remarks will be limited to a discussion of congestion and edema of purely cardiac origin.

Failure of the right side of the heart presents an entirely different clinical picture from that characterizing failure of the left side. In right-sided failure the increase in venous pressure occurs in the systemic or greater circulation. The right auricle and ventricle become dilated, and their functional capacity is furthur impaired. An insufficient amount of blood is forced into the pulmonary circulation. As venous pressure continues to rise, there develops the clinical picture of congestive failure, with dilatation of the veins of the neck, orthopnea, edema of the dependent portions of the body, engorgement and enlargement of the liver, and ascites. In left-sided failure the back pressure is exerted on the pulmonary rather than the systemic circulation, and there ensues evidence of pulmonary congestion, such as shortness of breath, orthopnea, hacking cough and pulmonary edema, but there is no congestion of the visceral organs other than the lungs, and there is no edema of dependent parts. While these syndromes of heart failure stand out at times in striking contrast to each other, at other times the heart may fail as a whole or in relative degree, and the two may be superimposed, one upon the other.

The term left ventricular failure, or more properly chronic left ventricular failure, implies no permanent disproportion between the output of the two sides of the heart. It indicates, rather, that the left ventricle is possessed of less reserve power and that consequently during periods of physiologic stress its output temporarily falls below that of the right ventricle. During these short periods of unequal output, venous pressure in the pulmonary circuit rises, and pulmonary congestion and edema ensue. Even though this imbalance is promptly corrected, congestion is not immediately relieved, as there still remains fluid trapped in the interstitial and alveolar spaces, which can only be removed by a further increase in the output of the ventricle, or by slow absorption through the lymphatic system, or both.

Pulmonary congestion depends upon most of the same mechanical and chemical factors involved in peripheral edema, although the relative importance of these factors is somewhat different. Slowing of the blood flow, increase in capillary pressure, increased permeability, and alteration of the protein content of the blood are the chief causative factors. During health the passage of blood through the pulmonary circuit from the right to the left ventricle takes place in from five to ten seconds. The capillaries under stress, however, are capable of such tremendous distention that the amount of blood in the lungs may increase to double its normal volume, thus producing a decided slowing in the velocity of the flow. While the output may remain the same, the slowing of the blood flow is roughly in inverse ratio to the increase in the size of the capillary bed. As capillary engorgement increases, pericapillary or interstitial edema develops. The interstitial swelling causes encroachment on the alveolar spaces and decreases the vital capacity of the lungs. This stiffening of the alveolar walls reduces the natural elastic recoil power of the lungs. It is

also responsible for a decrease in the intrapleural pressure. Mechanically, these factors greatly interfere with the act of respiration. Carbon dioxide, being freely soluble, is easily eliminated, but the absorption of oxygen, which is less soluble, is made much more difficult when it is forced to pass through a membrane which is greatly swollen. The resulting anoxemia produces increased permeability of the tissues. If the period of physiologic stress is continued, and the critical level of these factors is reached, extravasation of serum and red blood cells into the alveolar spaces takes place, and the clinical picture of pulmonary edema ensues.

The length of time necessary to produce pulmonary edema is dependent upon the degree of physiologic stress over and above the functional capacity of the ventricle. Congestion and edema may proceed with great rapidity; on the other hand, congestion may progress slowly, or it may exist as a chronic state. A considerable degree of congestion may exist without the presence of rales in the chest, which accounts at times for the appearance of shortness of breath and orthopnea without other evidence of cardiac failure, as observed notably in mitral stenosis.

The exact mechanism of cardiac asthma is not clearly understood. While it is dependent on pulmonary congestion and closely related to pulmonary edema, other factors apparently come into play. According to some authors, it is due to pulmonary congestion and to sudden loss of alveolar distensibility. The presence of expiratory rales and expiratory wheezing, which also occur in bronchial asthma, suggests a spasm of the bronchioles. Whether this spasm takes place as a chemical effect or through stimulation of a nervous mechanism is not known. In clinical significance, however, cardiac asthma is evidence of serious left ventricular failure.

The roentgenologic appearance of pulmonary congestion and edema is interesting. In chronic failure of the heart as a whole, the congestion is more or less limited to the dependent portions of the lungs. In failure predominantly of left-sided origin, the congestion and edema begin around the hilar area and spread outward in fan-shaped manner, producing what has been described as a butterfly appearance, the mediastinum constituting the body and the areas of congestion in the lungs constituting the wings. Typically, the periphery of the pulmonary field remains relatively or entirely clear. The density is inclined to be more or less homogeneous rather than patchy. Clearing of the chest often is rapid, complete resorption taking place within a period of from twenty-four to forty-eight hours. During the process of resorption, the appearance becomes stringy and patchy, indicating that resorption does not proceed uniformly, a fact probably explained by the existence of lymphatic obstruction.

Pulmonary edema is occasionally unilateral, or it may be limited to one lobe. It is somewhat more common on the right side, as is also pleural effusion. No adequate explanation has ever been offered to clarify these variations. The peripheral portions of the lung are more mobile and take a more active part in respiration than the central portions; this mobility probably accounts for the congestive processes being greater in the central portion. At times it is difficult to differentiate pulmonary edema, infarction, pneumonia and extensive fibrosis, but characteristically the roentgenogram gives clear-cut evidence of pulmonary congestion and edema.

Typically, the first attack of pulmonary edema comes on with dramatic suddenness. It is often preceded by some unusual physical effort, which may have taken place several hours before the attack is initiated. Subsequent attacks invariably are precipitated by less and less provocation. Not only is the ventricle gradually losing its reserve power, but often the existence of residual congestion lowers the threshold of resistance. Peculiarly, the attacks most often occur after the patient has assumed the recumbent position, and often after he has been asleep for several hours. No fully adequate explanation of this fact has been offered. Lack of nervous stimulation may be responsible for some capillary dilatation. During sleep, respiration and blood flow are at a low ebb. The recumbent position has also changed the hydrostatic pressure within the chest. These factors probably account for the nocturnal character of the seizures. Many patients are able to avoid attacks merely by sleeping in a semirecumbent position. The day following an attack patients frequently feel that they have regained their former health and vigor, but a full comprehension of the etiologic factors involved will necessitate immediate and great reduction in physical activity.

By universal consent, the use of atropine and morphine are the most important therapeutic

measures, often within a period of a few minutes changing a clinical picture of most urgent dyspnea, orthopnea, expectoration of frothy sputum, and imminent death into one of comparative ease and comfort. If relief is not obtained, this medication should be repeated in smaller doses. Oxygen has long been used for the relief of this condition with fair success. More recently, the administration of almost pure oxygen under positive pressure has been much more effective and frequently modifies the severity and duration of an attack if used early. Positive pressure is reflected back into the alveolar spaces and consequently impedes the entrance of blood into the lungs, allowing for more efficient drainage. Oxygen in higher concentrations likewise tends to diminish the degree of anoxemia and the permeability of the tissues. A convenient apparatus for the administration of oxygen under pressure is now available and can be set up in the patient's room, ready for immediate use. In cases of extreme hypertension, venesection may be helpful in diminishing the resistance against which the left ventricle has to contend.

CONCLUSION

Pulmonary congestion and edema are based on a physiologic mechanism that is as yet imperfectly understood. Its clinical significance, however, denotes a sudden break and serious permanent impairment in cardiac reserve. Even though the patient, following an attack, feels that he has completely recovered, the serious implications involved necessitate immediate and drastic curtailment in physical and mental effort in order to control the natural tendency to recurrence under gradually diminishing provocation.

706 Franklin St., zone 2.

ABSTRACTS OF MEDICAL ARTICLES

INJURIES TO THE URETER AND THEIR MANAGEMENT, MCIVER, ROBERT B., JACKSONVILLE, J. A. M. A. **124**: 1116-1120 (APR. 15) 1944.

As part of a symposium on "War Injuries," this concise and comprehensive article, well illustrated by photographs and case reports, contains a survey of 25 cases of ureteral injury, unilateral in each instance. In the cases of direct trauma, 1 was caused by a gunshot wound, 9 accidentally at operation and 4 intentionally at operation. In those of indirect trauma, in 6, manipulation of ureteral calculus was the cause; in 3, disease processes, 2 of the ureter and 1 by extension; and in 2, injection of a caustic.

Penetrating wounds of the ureter alone are rarely encountered, either in civil or in military practice. Their management depends on the cause of the injury and on the time that has elapsed since it was sustained. Prompt surgical treatment with provision for adequate drainage is indicated. The importance of drainage is emphasized, for failure to make suitable provision for the drainage of urine frequently results in serious complications and occasionally in a fatal outcome.

Gunshot and stab wounds require immediate operation, particularly when they involve the peritoneal cavity. Injury during a surgical operation should also be repaired at once.

Accidental injury not recognized at the time of operation usually results in complications, particularly fistula, peritonitis and renal infection. In 9 cases of the series urinary fistula developed as a complication in an average period of twelve days. The chief diagnostic measures in such cases are cystoscopy and ureteral catheterization in combination with x-ray and retrograde pyelography. Nephrostomy, pyelostomy and ureterostomy are necessary emergency measures in cases of obstruction or infection.

When surgical wounds of the ureter are made intentionally, the fistula thus established may persist, and annoying discharge may continue even after nephrectomy. In these cases, ureterograms and fistulagrams, together and separately, aid in establishing the diagnosis.

In 6 cases of the series, rupture of the ureter, with urinary extravasation, cellulitis and abscess formation followed the use of instruments within the ureter. Caution is advised in the carrying out of all intraureteral manipulations and instrumentations.

Ureterointestinal anastomosis offers an opportunity to save the kidney in selected cases. Nephrectomy is, however, frequently necessary.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

JOHN R. BOLING, M.D., President.....*Tampa*
SHALER RICHARDSON, M.D., President-elect...*Jacksonville*
W. C. MCCONNELL, M.D., 1st Vice Pres....*St. Petersburg*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
ROBERT D. FERGUSON, M.D., 3rd Vice Pres.....*Ocala*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
HOMER L. PEARSON, M.D., Editor.....*Miami*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WILLIAM M. ROWLETT, M.D., Chm...AL-45.....*Tampa*
L. W. BLAKE, M.D...C-46.....*Bradenton*
DUNCAN T. MCEWAN, M.D...B-48.....*Orlando*
WALTER C. PAYNE, M.D...A-45.....*Pensacola*
LEIGH F. ROBINSON, M.D...D-47.....*Ft. Lauderdale*
GILBERT S. OSINCUP, M.D...PP-45.....*Orlando*
EUGENE G. PEEK, M.D...PP-46.....*Ocala*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

HERBERT E. WHITE, M.D., Chm...B-47.....*St. Augustine*
JAMES G. LYERLY, M.D...AL-45.....*Jacksonville*
DANIEL A. MCKINNON, M.D...A-48.....*Marianna*
DOUGLAS D. MARTIN, M.D...C-46.....*Tampa*
*J. R. BOULWARE, M.D. (Alternate..C-46).....*Lakeland*
HOMER L. PEARSON, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...AL-45.*Jacksonville*
THOMAS H. BATES, M.D...A-48.....*Lake City*
HORACE A. DAY, M.D...B-45.....*Orlando*
WHITMAN C. MCCONNELL, M.D...C-46....*St. Petersburg*
C. F. ROCHE, M.D...D-47.....*Miami Beach*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

HOWARD G. HOLLAND, M.D., Chm...B-47.....*Leesburg*
JOHN S. HELMS, M.D...C-46.....*Tampa*
*JAMES L. ESTES, M.D. (Alternate..C-46).....*Tampa*
CAYETANO PANETTIERE, M.D...D-45.....*Miami Beach*
WILLIAM D. SUGG, M.D...AL-45.....*Bradenton*
JOHN K. TURBERVILLE, M.D...A-48.....*Century*

PUBLIC RELATIONS

LEIGH F. ROBINSON, M.D., Chm...D-48...*Ft. Lauderdale*
JOHN W. SNYDER, M.D...AL-45.....*Miami*
JAMES L. STRANGE, M.D...B-46.....*McIntosh*
CAROL C. WEBB, M.D...A-47.....*Pensacola*
HARPER E. WHITAKER, M.D...C-45.....*Tampa*

NECROLOGY

JOHN C. VINSON, M.D., Chm...AL-45.....*Tampa*
GERRY R. HOLDEN, M.D...B-46.....*Jacksonville*
TOLIVER M. MCDUFFEE, M.D...C-48.....*Manatee*
GERARD RAAP, M.D...D-45.....*Miami*
COURTLAND D. WHITAKER, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D...Chm...B-46.....*Jacksonville*
THOMAS E. BUCKMAN, M.D...AL-45.....*Jacksonville*
DAVID R. MURPHEY, M.D...C-45.....*Tampa*
*GEORGE L. COOK, M.D. (Alternate..C-45).....*Tampa*
E. STERLING NICHOL, M.D...D-48.....*Miami*
JAMES H. POUND, M.D...A-47.....*Tallahassee*

CANCER CONTROL

JOSEPH HALTON, M.D., Chm...C-47.....*Sarasota*
CHARLES J. COLLINS, M.D...B-48.....*Orlando*
MAYHEW W. DODSON, M.D...A-46.....*Pensacola*
ALFRED G. LEVIN, M.D...D-45.....*Miami*
*GERARD RAAP, M.D. (Alternate..D-45).....*Miami*
HERMAN WATSON, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

FERDINAND A. VOGT, M.D., Chm...D-45.....*Miami*
HERBERT L. BRYANS, M.D...A-47.....*Pensacola*
ROBERT D. FERGUSON, M.D...B-48.....*Ocala*
THOMAS C. MAGUIRE, M.D...AL-45.....*Plant City*
JOSEPH W. TAYLOR, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

ELIJAH T. SELLERS, M.D., Chm...B-47.....*Jacksonville*
J. POWELL ADAMS, M.D...A-48.....*Panama City*
GEORGE A. DAME, M.D...AL-45.....*Fernandina*
ALVIN L. MILLS, M.D...C-46.....*St. Petersburg*
WILEY M. SAMS, M.D...D-45.....*Miami*

INTERRELATIONSHIP

WILLIAM M. DAVIS, M.D., Chm...C-46....*St. Petersburg*
SIMON E. DRISKELL, M.D...B-48.....*Jacksonville*
HENRY J. PEAVY, M.D...D-45.....*Ft. Lauderdale*
WILLIAM C. RENTZ, SR., M.D...AL-45.....*Miami*
RALPH B. SPIRES, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

WILLIAM C. BLAKE, M.D., Chm...C-46.....*Tampa*
EARLSWORTH C. BRUNNER, M.D...D-45.....*Miami*
LUTHER C. FISHER, JR...A-47.....*Pensacola*
LOUIE LIMBAUGH, M.D...B-48.....*Jacksonville*
RALPH S. TORBETT, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. MASON SMITH, M.D., Chm...C-46.....*Tampa*
WILBUR O. ARNOLD, M.D...D-48.....*W. Palm Beach*
BENJAMIN F. BARNES, M.D...A-47.....*Chattahoochee*
W. HENRY SPIERS, M.D...AL-45.....*Orlando*
ROLLIN D. THOMPSON, M.D...B-45.....*Orlando*

MATERNAL WELFARE

WILLIAM C. THOMAS, M.D., Chm...B-47.....*Gainesville*
LAURIE L. DOZIER, M.D...A-45.....*Tallahassee*
SAMUEL C. HARVARD, M.D...C-48.....*Brooksville*
RALPH W. JACK, M.D...D-46.....*Miami*
SAMUEL R. NORRIS, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

GEORGE L. COOK, M.D., Chm...AL-45.....*Tampa*
LUTHER W. HOLLOWAY, M.D...B-48.....*Jacksonville*
WARREN W. QUILLIAN, M.D...D-45.....*Coral Gables*
*W. W. MCKIBBEN, M.D. (Alternate..D-45).....*Miami*
COUNCILL C. RUDOLPH, M.D...C-46.....*St. Petersburg*
EUGENE D. THORPE, M.D...A-47.....*Madison*

CONSERVATION OF VISION

CARL E. DUNAWAY, M.D., Chm...D-48.....*Miami*
SHERMAN B. FORBES, M.D...C-45.....*Tampa*
MOZART A. LISCHKOFF, M.D...AL-45.....*Pensacola*
WILLIAM S. NICHOLS, M.D...A-47.....*Lake City*
SHALER RICHARDSON, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

GEORGE C. TILLMAN, M.D., Chm...B-46.....*Gainesville*
JAMES M. ANDERSON, M.D...AL-45.....*Cross City*
ANNETTE M. FEASTER, M.D...C-48.....*St. Petersburg*
LUTHER C. FISHER, M.D...A-47.....*Pensacola*
ARTHUR L. WALTERS, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. RENFRO DUKE, M.D., Chm...C-45.....*Tampa*
JULIUS C. DAVIS, M.D...A-47.....*Quincy*
GERRY R. HOLDEN, M.D...B-48.....*Jacksonville*
JOHN A. SIMMONS, M.D...AL-45.....*Arcadia*
FERDINAND A. VOGT, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

FREDERICK J. WAAS, M.D., Chm...AL-45....*Jacksonville*
First—COURTLAND D. WHITAKER, M.D...1-45..*Marianna*
Second—G. WILMOT BROWN, M.D...2-46.....*Tallahassee*
Third—LUCIEN Y. DYRENFORTH, M.D...3-45..*Jacksonville*
Fourth—C. MCK. TYRE, M.D...4-46.....*Eustis*
Fifth—W. WARDLAW JONES, M.D...5-46.....*Dade City*
Sixth—EDGAR WATSON, M.D...6-45.....*Lakeland*
Seventh—WILLIAM Y. SAYAD, M.D...7-45...*W. P. Beach*
Eighth—E. M. HENDRICKS, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

EDWARD JELKS, M.D., Chm.....*Jacksonville*
SHALER RICHARDSON, M.D., Vice Chm.....*Jacksonville*
J. C. DICKINSON, M.D.....*Tampa*
WALTER C. JONES, M.D.....*Miami*
EUGENE G. PEEK, M.D.....*Ocala*
CAROL C. WEBB, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
O. O. FEASTER, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
GEORGE C. TILLMAN, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

THE G. I. BILL OF RIGHTS

On June 22, 1944, the President approved the Servicemen's Readjustment Act of 1944, or what is commonly known as the G. I. Bill of Rights. Certain portions of this bill will be of interest to the medical profession.

Many medical associations have been planning to give some type of aid to their members returning from military service. Since the passage of this bill, however, it appears that such assistance from individual medical associations will be unnecessary except in most unusual cases.

This bill provides an educational program for persons who served in the active military or naval services on or after Sept. 16, 1940, and prior to the end of the war for ninety days or more and who shall have been released under conditions other than dishonorable discharge. Such an educational or "refresher" course must be initiated not less than two years after either the date of discharge or the end of the war, whichever is later, and no training will be afforded beyond seven years after the end of the war.

The length of the course will be from one to four years, depending upon the age and previous educational training of the veteran and on the length of time he was in service. Practically any educational institution may be attended, provided it is acceptable to the Administrator of Veteran's Affairs.

Payment to the institution for each veteran enrolled will be (1) customary cost of tuition, (2) such laboratory, library, health, infirmary and other similar fees as are customarily charged, (3) books, supplies, equipment and other necessary expenses exclusive of board, lodging, other living expenses and travel. Payment with respect to any veteran may not exceed $500 for an ordinary school year. The veteran will receive a maintenance allowance while in school of $50 per month if without dependents and $75 per month if there is a dependent. Vocational guidance and medical and hospital care are made available.

Loans will be made to veterans for specific purposes. Those purposes are: (1) the purchase, construction, alteration, repair or improvement of property to be occupied by the veteran as his home, or the payment of delinquent indebtedness, taxes or special assessments on residential property owned by the veteran and used by him as a home; (2) the purchase of land, buildings, livestock, equipment or improvement of any buildings or equipment to be used in farming operations conducted by the veteran; (3) the purchase of any business, land, buildings, supplies, equipment, machinery, or tools to be used by the veteran in gainful occupation other than farming.

The loan may not exceed $2,000 nor 50 per cent of the loan negotiated for the purposes indicated. The first year's interest will be paid by the Veterans Administration; thereafter the interest will not exceed 4 per cent. Loans are repayable in twenty years.

An employment bureau or service will be conducted by the United States Employment Service, which will be of advantage to the veteran.

Readjustment allowances will be paid to veterans who are unemployed. The allowances will guarantee an income of $23 weekly or $100 a month for a period not to exceed fifty-two weeks.

H. L. P.

DR. WILLIAM M. ROWLETT RESIGNS

After twenty-seven years of unselfish service to his profession and to his state, as secretary of the State Board of Medical Examiners, Dr. William M. Rowlett has resigned. Editorial tribute has been given him in many of the newspapers of the state. It remains, however, for the medical profession really to appreciate the true value of his efforts and to realize just how great was our loss when he left the Board.

Dr. Rowlett was appointed to the Board in 1917 and was probably its youngest member. He was elected secretary and continued in this capacity until his resignation this year. The office of secretary of the Medical Examining Board carries with it the grave responsibility of directing the Board's activities. Such a Board is strong or weak, depending upon the enthusiasm, aggressiveness, determination and intelligence of its secretary. Florida has a strong Board and one respected throughout the nation.

His untiring efforts to rid Florida of "diploma mills" and quacks and to keep Florida free of unworthy practitioners will stand as a monument to him for many years to come.

It is unfortunate that William Rowlett chose to resign at a time when we need clear thinking and experienced minds to guide the medical profession through troubled seas. We are threatened with regimentation as never before and great pressure is being brought for the establishment of a National Examining Board which would permit practice in any state or territory of the nation. There are many reasons why this plan would be to our disadvantage. Dr. Rowlett is more experienced and is better equipped to fight these encroachments than any other man in our state and undoubtedly the Board will seek his counsel frequently in the many problems which will arise. I am sure that although he is no longer a member of the Board, he will gladly continue to render his fine service to the medical profession and to the citizens of his state.

It was the unanimous plea of the Board of Governors of the Florida Medical Association that he withdraw his resignation and it is extremely regretful that he could not see his way clear to do so. Our loss is great.

Let us, as a profession and as citizens of a great state, express our appreciation to him for a most valuable service rendered.

H. L. P.

FROM MY POINT OF VIEW

"Push! If you can't push, pull. If you can't push or pull, please get out of the way."—Hubbard.

The above quotation came into my mind as the result of several experiences which I have had while endeavoring to be of some use to *The Journal of the Florida Medical Association.*

Whenever I find, or create, an opportunity to talk to our members, I ask them the question, "Doctor, do you read *The Journal of the Florida Medical Association?"* Much too frequently the answer is, "No." Immediately the next question follows, "Why?" The answers received to the "Why?" vary only within certain limits. Usually the reply, sometimes baldly stated, sometimes couched in polite terms, boils down to the fact that they do not consider it worth while reading. The reasons given for putting the *Journal* in this classification are usually so vague that one cannot even get up an argument. But obviously these doctors are dissatisfied with the existing condition and wish to have it changed.

The Journal of the Florida Medical Association is your journal. It belongs to and its policies are dictated by the wishes of the doctors of Florida, not by the medical profession over the nation. Is it fair to allow the men responsible for its publication to remain in ignorance of your wishes? Is such an attitude "pushing," "pulling," or simply getting in the way of progress?

Let us take a few of the indefinite objections I have heard advanced. One common one is as follows: "The medical articles are usually not original scientific works written by prominent men." This statement is true up to a certain point. Original scientific work deserves to be, and usually is, of sufficient importance to interest the entire medical profession, and hence should be published in a national journal. Leaving out such articles and work still leaves a wealth of interesting material to be written for and published in a state journal.

The proof of the worth of each new procedure must come from actual trial. And who makes the trial? The man in the field is naturally the one. Consequently his experiences and observations, made in the face of certain different conditions under which the patient lives and works, different exposures to sunlight, heat, cold, and other climatic conditions; these results are certainly worth reporting. It is the sum total of such work which establishes or renders worthless



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA

Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

"Florida's Surgical Supply House"

HENRY L. PARRAMORE
Pres. and Gen. Mgr.

T. EMMETT ANDERSON
Vice-President

YOUR PATRONAGE GREATLY APPRECIATED

for

Quick Action!

in the Respiratory and Circulatory Emergencies of Intravenous Barbiturate Anesthesia

inject

Metrazol

1 to 3 cc. and repeat intravenously, intramuscularly, subcutaneously

COUNCIL ACCEPTED

Ampules 1 and 3 cc., tablets, solution, powder

collapse following accidents or surgical trauma · opiate and barbiturate depression · asphyxia · denarcotization after general anesthesia · circulatory and respiratory support in the emergencies of pneumonia

Metrazol, brand of pentamethylentetrazol, Trade Mark, reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP. - - ORANGE, NEW JERSEY

the remedy or procedure in question. The proponents of such procedures look for these important figures in state journals.

Authors of textbooks and other scientific articles accord the same courtesy to a paper published in a state journal that they do to one in a national journal. My own experiences with two papers, both dealing with investigations on subjects about which little was known, namely, "Spanish Moss" and "Hay Fever in Florida," both published in *The Journal of the Florida Medical Association,* certainly bear out the statement made above.

Talks made before medical societies, if they are worth the time given by an individual attending his own society meeting, should be of sufficient interest to be published, and by that means, help the members of the societies who could not be present. It makes no difference whether you read these articles for the purpose of learning something, or approach them from an iconoclastic angle. If your knowledge and experience indicates that statements made in published articles are incorrect, do you not owe the medical profession a presentation of the evidence against these views? Is that not a better procedure than to sit back and condemn?

Now to take up the above statement, "Very few papers, written by prominent men, appear in *The Journal of the Florida Medical Association.*" With such a statement I do not agree. I think Florida has as many prominent men, in proportion, as any other state. From my own observations, I also feel that the average practitioner of medicine in Florida is on a par with the average of the state in which I was born and in which I practiced for years, namely, Ohio.

Even if the above were true, who is to blame? If the owners of *The Journal of the Florida Medical Association* were to not only read it, but take an active interest in improving it, "prominent men" would then be glad to publish articles where they know they will be read and appreciated, so let's get the horse in front of the cart.

As they say in court, concerning the above, "I rest my case here," and I would welcome any comments pro or con on the above.

Frank C. Metzger, M. D.

PATRONIZE
JOURNAL ADVERTISERS

SOUTHERN MEDICAL ASSOCIATION MEETING

ST. LOUIS, NOVEMBER 13-16

It was the expressed judgment of the Council at the annual meeting last November that Southern Medical Association meetings are essential, as essential in war times as in peace, if not more so—that physicians, civilian and military, need medical meetings. The Executive Committee met in St. Louis on April 4 and decided that there should be a meeting and accepted the invitation of the St. Louis Medical Society to meet in St. Louis.

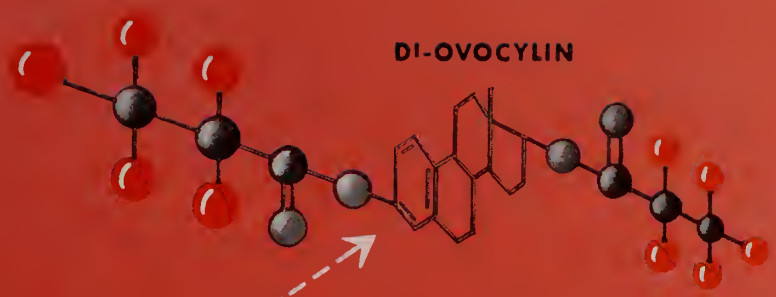
The Executive Committee has reviewed and given careful consideration to a communication from the Office of Defense Transportation, Washington, dated June 21, 1944, file 612-9, signed by J. M. Johnson, Director, requesting a cancellation of all meetings not definitely war-connected. The Executive Committee holds to its original viewpoint that Southern Medical Association meetings are essential.

After a careful consideration of the previously mentioned communication from ODT, the Executive Committee has decided to go ahead with plans for a meeting in St. Louis in November. The Committee will consider this matter again the latter part of September or early October, a month or six weeks before the date of the meeting, carefully reviewing the whole situation as it appears at that time, and will then decide whether or not the meeting will be held or called off. In the meantime, plans will be perfected and completed for a meeting in St. Louis in November.

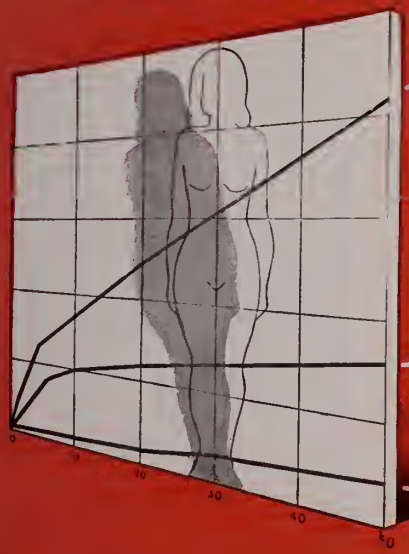
PREMEDICAL STUDENT DEFERMENT

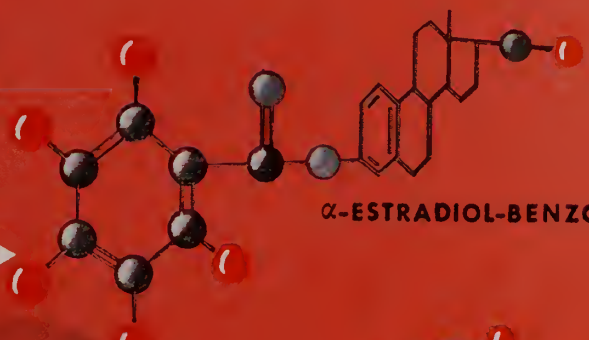
On July 5 President Franklin D. Roosevelt, in reply to a letter from Congressman A. L. Miller from Nebraska, announced his unwillingness to overrule the recommendation of the Committee on Deferments on premedical students. The President said:

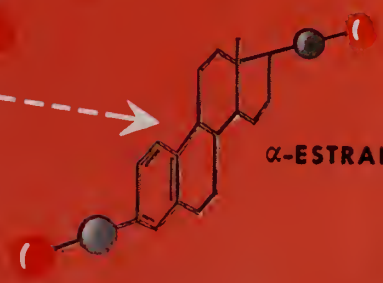
> I am told that this committee recommended that there be no deferment for premedical students who are not in medical school by July 1 of this year.
>
> The committee, I am advised, took into account the fact that none of these premedical students could be of service in the practice of medicine prior to 1948, and that many of them would never practice medicine. The committee also gave attention to the fact that young men who do not come up to the exacting physical standards of the armed forces, as well as young women, are available to become premedical students.
>
> As for the future supply of doctors, we must always bear in mind the ex-service men, a considerable number of whom will unquestionably desire to begin the study of medicine. As you know, there are many young men



INTENSE ESTROGENIC EFFECTS







WITH FEWER INJECTIONS

Esterification greatly prolongs the action of the natural ovarian hormone providing a more gradual physiological effect. DI-OVOCYLIN* (α-estradiol dipropionate) is the most ideal ester providing both potency and duration of effect.

With fewer injections, DI-OVOCYLIN promptly controls symptoms associated with estrogenic deficiency. It is both economical for the patient and time-saving for the physician.

DI-OVOCYLIN*

*Trademark Reg. U. S. Pat. Off.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
CANADIAN BRANCH: MONTREAL, CANADA

who have served their country in the armed forces and have already been discharged from further service. These men, and the far larger number later to be demobilized, must be given every opportunity in the way of education and training. I am told that the medical colleges are particularly interested in promoting medical education of well qualified ex-servicemen.

In a comment on this statement, The Journal of the American Medical Association for July 15 replied:

Granted that the premedical students involved will not become available as physicians until 1948, starting now and continuing until the war is over, students will commence premedical studies in utterly inadequate numbers. These lost premedical months or years cannot be regained after the war is over.

The President's suggestion that women and physically disqualified men can supply the need does not take into account the fact that qualified students in this category are not available in sufficient numbers now unless educational standards are drastically reduced. Furthermore, the study and practice of medicine are arduous, requiring vigorous health. These are not occupations for the physically unfit. The physically unfit cannot be expected to give an equal return in years of service to that given by those who are physically competent.

The same considerations must apply to discharged veterans. Many of these are physically unfit and emotionally unstable. This group will also include men who have been previously rejected for admission to medical schools because of failure to meet admission standards.

Certainly every favorable consideration should be given to medical school applications from veterans, to whom we are all immeasurably and forever indebted. But it would serve neither the veterans nor the public to admit to medical schools men who do not possess the required physical, emotional, mental and other qualifications.

MEDICAL LICENSES GRANTED

The secretary of the State Board of Medical Examiners reports that of the 82 applicants who took the examination of the Board, held in Jacksonville on June 26 and 27, 78 passed and are being issued licenses to practice medicine in Florida. The names and addresses of the 78 successful applicants follow:

Allgood, H. P., Atlanta, Ga. (Emory, 1943).
Amato, Louis L., Bronx, N. Y. (N. Y., 1937).
Armour, Thomas, Jr., Miami (Columbia, 1943).
Bachrach, William H., Tampa (Northwestern, 1938).
Beach, W. C., Miami (Vanderbilt, 1943).
Bowman, Curtis W., Atlanta, Ga. (Emory, 1941).
Boyd, Clarence E., Orlando (Indiana, 1943).
Brannen, E. A., Atlanta, Ga. (Emory, 1943).
Browning, John D., Daytona Beach (Tulane, 1944).
Buckner, William B., Chattahoochee (Tulane, 1935).
Camp, Raymond S., Fairburn, Ga. (Emory, 1942).
Campbell, Roy E., Atlanta, Ga. (Emory, 1943).
Campbell, W. G., Miami (Columbia, 1940).
Chrisman, R. B., Jr., Camp Forrest, Tenn. (Tenn., 1938).
Cippes, Isaac B., Miami (Jefferson, 1927).
Clough, William J., Savannah, Ga. (St. Louis, 1936).
Cochrane, Cleland D., Jacksonville (Northwestern, 1924).
Corse, V. P., Miami (Tulane, 1944).
Crosslin, N. O., Daytona Beach (Meharry, 1943).
Currens, James H., Miami (Duke, 1938).
Edwards, Thomas M., Cincinnati, Ohio (Ohio, 1938).
Everett, Theodore, Chipley (Tulane, 1944).
Forthman, W. H., Miami (Hahnemann, 1943).
Gardner, Russell A., Atlanta, Ga. (Iowa, 1933).
Ginsberg, Nathan, Long Beach, N. Y. (L. I., 1926).
Gorday, Abraham J., Bay Pines (Ill., 1936).
Graham, E. J., Naranja (Duke, 1943).
Holecek, Frank, St. Petersburg (Rush, 1931).
Horger, E. L., Jr., Durham, N C. (Duke, 1943).
Hyde, Bernard, Miami Beach (Cornell, 1943).
Jacobson, Milton B., Miami Beach (Jefferson, 1936).
Johnson, Alexander C., Jacksonville (Va., 1943).
Johnson, Frederick M., Miami Beach (Toronto, 1916).
Kendall, William E., Dwight, Ill. (Chicago, 1913).
Lee, R. M., Miami, (Emory, 1943).
Leviton, Lawrence R., Belle Glade (Northwestern, 1938).
Libow, Alexander, Mountaindale, N. Y. (N. Y., 1931).
Lomax, Joseph, Miami (Jefferson, 1932).
London, Rose E., Miami (N. Y., 1941).
McDonald, J. J., Athens, Ga. (Emory, 1943).
McDonald, L. J., Camp Forrest, Tenn. (Emory, 1937).
McElroy, Joseph D., Jacksonville, (Georgia, 1941).
McKenna, J. F., Miami (Calif., 1943).
McKey, John D., Valdosta, Ga. (Emory, 1941).
Mallory, Meredith, Jr., Orlando (Tulane, 1944).
Medlin, J. H., Miami (Emory, 1941).
Midkiff, C. M., Miami (Iowa, 1943).
Mroz, Matthew A., DeLand (Boston, 1939).
Nadeau, Oscar E., Chicago, Ill. (Rush, 1913).
Nemser, Abraham, Brooklyn, N. Y. (L. I., 1916).
Newman, David A., Brooklyn, N. Y. (L. I., 1931).
Ney, Karl W., New York, N. Y. (Louisville, 1908).
Palay, Lewis, Miami Beach (Louisville, 1928).
Pennington, L. T., Jr., Jacksonville (Georgia, 1943).
Petteway, C. H., Miami (Tulane, 1943).
Platt, William R., Emory Univ., Ga. (Maryland, 1940).
Rockman, Jacob, Miami (Cornell, 1911).
Rosenbaum, H. G., Pittsburgh, Pa. (Pittsburgh, 1927).
Rosenberg, A. E., Norfolk, Va. (Yale, 1926).
Ross, B. D., Detroit, Mich. (Rush, 1942).
Scandiffio, M. V., Silver Spring, Md. (Geo. Wash., 1928).
Schmidt, Edward C. H., Miami Beach (J. Hopkins, 1941).
Shechter, Frederick R., Philadelphia, Pa. (Temple, 1931).
Shipp, C. C., Jr., Jacksonville (Emory, 1943).
Skipper, W. G., Lakeland (Emory, 1943).
Sperry, Herbert E., Miami (Albany, 1908).
Stocking, Evelyn V., Daytona Beach (Meharry, 1944).
Straight, W. M., Jacksonville (J. Hopkins, 1943).
Stubbs, G. M., Ft. Myers (Emory, 1943).
Thebaut, Ben R., Atlanta, Ga. (Emory, 1940).
Varn, D. H., Jr., Ft. Meade (Tulane, 1944).
Warmolts, Irving J., Lakeland (Mich., 1929).
White, Eston D., Miami (Tenn., 1941).
Wilhelm, J. A., Jacksonville (Med. Evan., 1943).
Woods, A. W., Jr., Miami (Emory, 1943).
Ziegler, Hrolfe R., Orlando (Toronto, 1929).

STATE NEWS ITEMS

Governor Spessard L. Holland recently appointed the following physicians to membership on the State Board of Medical Examiners: Dr. Robert G. Nelson of Tampa to succeed Dr. W. M. Rowlett, resigned; Dr. Harold D. Van Schaick of Jacksonville to succeed himself; Dr. Homer L. Pearson of Miami, to succeed Dr. Thomas A. Hutson; and Dr. Frank D. Gray of Orlando, to succeed Dr. Carl A. Williams.

Dr. Richard A. Mills of Ft. Lauderdale took special postgraduate work in Boston during June and July.

Cheplin's



To Speed the Day

The promise of penicillin . . . precious, life-saving antibiotic derived from *Penicillium notatum* . . . will not be fully realized until this drug is available in sufficient quantities to work its miracles in every city, town, and hamlet in the country.

Cheplin Biological Laboratories are actively engaged in the production of penicillin and are making intensive efforts to increase its output to the point where all restrictions on its civilian use can be removed. We are doing our utmost to speed the day when this drug will be found in every physician's bag and every pharmacist's prescription room.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN
BIOLOGICAL LABORATORIES, INC.
(Unit of Bristol-Myers Company)
SYRACUSE, NEW YORK

Dr. Homer L. Pearson of Miami spent some time at the Association's office in Jacksonville, the latter part of August, attending to matters pertaining to the Journal.

Drs. R. L. and L. B. Elliston of Ft. Lauderdale spent the month of July on the Keys.

Dr. A. J. Logie announces the opening of his office at 511 N. E. 15th Street, Miami.

Dr. O. C. Brown of Ft. Lauderdale left for a northern trip in August and will spend six weeks in Wisconsin and Illinois.

Doctors from Florida who attended the meeting of the American Urological Association, held in St. Louis, June 19 to 22, were: James L. Estes, Tampa; K. E. Montgomery, West Palm Beach, and E. Clay Shaw, Miami.

Dr. Roland F. Fisher of Ft. Lauderdale spent the month of July in Wisconsin.

Dr. Robert Blessing of Ft. Lauderdale spent two weeks in New York recently.

Dr. Rupert H. Stovall of Ft. Lauderdale spent his summer vacation in Georgia.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Leo M. Wachtel of Jacksonville announce the birth of a son, John Dixon, on July 17.

Dr. and Mrs. Randolph Shevach of Miami Beach announce the birth of a daughter, Eileen Barbara, on June 8.

DEATHS

Dr. John E. Maines of Lake Butler died August 21.

Dr. Henry D. Smith of Sanford died August 12.

DAVID CHESTER THOMPSON

Dr. David C. Thompson of Canal Point died on June 5, at the age of 63. For the last ten years he had served as physician for the Eastern Division of the United States Sugar Corporation.

Born in Prince Albert, Saskatchewan, Canada, Apr. 15, 1881, he was educated in Winnipeg. He was graduated from the University of Manitoba Faculty of Medicine in 1905, and came to Florida the following year, settling in Pensacola. He practiced in that city until in 1917, when he enlisted in the U. S. Navy.

After World War I, Dr. Thompson became the physician for the Ford Motor Company in Jacksonville and in August, 1934, he accepted the position with the U. S. Sugar Corp. at Canal Point, which he held at the time of his death.

He was a member of the Duval County Medical Society, a Life Member of the Florida Medical Association, and a Fellow of the American Medical Association.

Dr. Thompson is survived by his widow; one daughter, Mrs. W. Garrett Griggs of Jacksonville, and one son, Major Donald Thompson, now serving in China.

LIEUT. COMDR. JULIAN LEO HARGROVE

Lieut. Comdr. Julian L. Hargrove, M.C., U.S.N.R., formerly of Bartow, died on July 3, immediately following an automobile accident which occurred between DeLand and Daytona Beach. At the time of his death, he was executive medical officer at the DeLand Naval Base.

Dr. Hargrove was born in Ashburn, Ga., Nov. 4, 1897, but when he was a year old his parents moved to Macon, where he attended public schools. He had finished his first year at Mercer College when, in 1917, he enlisted in the Navy, where he served two years. On receiving his discharge, he returned to Mercer to finish his premedical course and then entered Emory University, from which he received his medical degree in 1923. His internship was served at Grady Hospital in Atlanta.

Dr. Hargrove then moved to Florida, where he became associated with Dr. Herman Watson of Lakeland. He was appointed superintendent of the Polk County Hospital, Bartow, on Oct. 16, 1926, a position he held until in July of 1940, when he resigned to enter private practice. He became lessee of the Bartow General Hospital and continued in this capacity until two years ago when he volunteered for active service in the medical corps of the naval reserve.

In 1927 he was married to Miss Dorothy Waldo of Bartow. They have three daughters, Mary Claire, Dorothy Waldo and Julia Lee.

During 1933 Dr. Hargrove spent several months in Vienna doing postgraduate study and at various other times he took special work in Columbia University and at leading hospitals in the United States.

He was a member of the Polk County Medical Society, the Florida Medical Association, the American Medical Association, the Kiwanis Club and the American Legion. Highly re-

SAVE YOUR TIME...

PRESCRIBE TROUBLE-FREE

RIMWAY *Balcrest*



Style-conscious and practical-minded patients like the comfortable security of handsome Rimway Ful-Vue Balcrest screw-type mountings. Adaptable to all prescriptions. You save time in mounting and adjusting—the original, accurate alignment of the lenses is more rigidly maintained. Bausch & Lomb Balcrest combines beauty with utility.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

THE TUCKER HOSPITAL, Incorporated
212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

garded by his colleagues and friends, his untimely death has brought sadness into the hearts of all who knew him.

Funeral services were held in the Episcopal Church by Chaplain Johnson and interment was in Arlington National Cemetery. Besides his widow and three daughters, he is survived by his parents, Mr. and Mrs. W. M. Hargrove of Macon, Ga., two sisters and three brothers.

COMPONENT COUNTY SOCIETIES

MARION

The summertime meeting of the Marion County Medical Society was held at the Hotel Harrington, Ocala, on Thursday, July 20. Seven members were present. The hour of regular meetings will be at 1 p. m., instead of 12:30 p. m., as 1 p. m. will be more convenient for those who attend.

A paper is to be prepared on "Intramuscular Injection of Immune Whole Blood in the Treatment of Typhus Fever;" members will contribute cases and discussions before the paper is submitted to the Journal of the Florida Medical Association for publication.

ORANGE

Dr. Wilson Lancaster of Kissimmee entertained the members of the Orange County Medical Society on July 20 at a boat ride and barbecue supper on Makinson's Island in Lake Tohopekaliga. Two launches were used to transport the guests from the Kissimmee pier and for the boat ride around the island. Forty-six members and guests were present, representing Kissimmee, Orlando, St. Cloud, and Apopka.

PINELLAS

The regular meeting of this society was held July 7 at the Detroit Hotel. Dr. O. Frank Kleckner of Dunedin was elected to membership. Now associated with the Mease Hospital, he is a former member of the Letcher County Medical Society of Kentucky. Dr. Henry Jack Jensen became a member of the society on a transfer from the Polk County Medical Society.

A general discussion of federalized medicine was the main feature of the program. Dr. A. J. Bieker opened the discussion and Dr. Fred W. Bailey discussed the Missouri plan. Dr. Frank Meyer, a dentist who has been active in opposing the Wagner-Murray-Dingell bill, was requested to take part in the discussion. Dr. W. C. McConnell, by request, reviewed the unaccepted plan proposed in 1934. In the general discussion following, Drs. Matthews, A. M. Feaster, A. S. Anderson, W. E. Quicksall, Nelson, Smiseth and Warriner (D.D.S.) responded. The matter was referred to the Medical Economics Committee, of which Dr. J. B. Quicksall is chairman, and this committee was requested to make its report at the annual business meeting of the society on Oct. 6, 1944.

Dr. Fred W. Bailey provided the dinner for the members and guests. A rising vote of thanks was given to the host.

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

The Development of PENICILLIN *Schenley*



ONE of the most important phases of Schenley enterprise has long been extensive research on mycology and fermentation processes.

With this background, it was a natural step for Schenley to apply its entire research effort to devising a large-scale penicillin production method. A procedure was perfected which earned Schenley's inclusion among the 21 firms designated to produce penicillin.

Non-toxicity in therapeutic dosage is one of the most valuable features of penicillin. It is most important, of course, that the finished drug be uniformly free of pyrogens. PENICILLIN *Schenley* is produced under precautions for sterility more rigid than those taken in the most modern surgical operating rooms, and each lot is biologically tested before release.

•

SCHENLEY LABORATORIES, INC.

Producers of

PENICILLIN *Schenley*

EXECUTIVE OFFICES: 350 FIFTH AVENUE, N. Y. C.

ADVERTISERS' NOTES

DEATH RATE AMONG WOUNDED SOLDIERS REACHES NEW LOW

A consoling fact for the mothers, fathers and loved ones of U. S. fighting men is the dramatic development of surgery which has reduced the death rate of war wounded in army and navy hospitals to 3 per cent against 8 per cent in World War I, Dr. Irvin Abell, chairman of the board of regents of the American College of Surgeons, told a nation-wide radio audience Tuesday evening, August 1.

Speaking as the guest of Schenley Laboratories, Inc., on the "Doctor Fights" program dedicated to the medical profession, the distinguished Louisville surgeon cited the vast advancements in surgical techniques during the present century which have resulted in far greater chances for the wounded to be restored to sound health.

Dr. Abell stated that the profession has taken steps to assure competent service to the public by imposing a voluntary requirement of from four to eight years of postgraduate training for surgeons after they attain the degree of doctor of medicine.

THE PHYSICIAN'S IMPORTANCE IN WAR AND PEACE

To memorialize the medical profession's "skill and courage and devotion beyond the call of duty" is the purpose of the new prize-contest recently announced by the American Physicians Art Association.

The contest is open to all physicians, both civilian and military, who are members of the A. P. A. A. The prizes are sufficiently important to attract some very fine art in all of the principal media, including oil, water color, sculpture, and photography.

For full details, write to the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal. Also pass this information on to your physician-artist friends, both civilian and military.

AO RECEIVES AWARD

For the second consecutive year the American Optical Company has received an award for "distinguished achievement in annual reporting" from Financial World, prominent business magazine.

Issued in recognition of AO's 1943 annual report to stockholders and employees, the magazine's "Highest Merit Award" citation certifies that the report was judged as among the most modern from the standpoint of content, typography and format of the 1,000 annual reports examined during 1944.

For many years Financial World has consistently encouraged the publication of more complete annual reports and in recent years its surveys of stockholder reports have provided a measure of the progress of the annual statements issued by America's leading corporations.

SCHERING CORP. FILES SUIT

Schering Corporation has filed suit in the United States District Court for the Southern District of New York against National Synthetics, the manufacturers of Dikol. In this suit, Schering charges that the National Synthetics' product Dikol, is an infringement of its Patent 2,345,384. This patent covers Priodax, Schering's gallbladder contrast agent, as put out under that patent. Mr. William J. Hagenah, Chairman of the Board of Schering Corporation, states that the suit will probably be brought to trial early in the autumn.

B. & L. MAGAZINE WINS AWARD

The National Council of Industrial Editors Associations has notified Bausch & Lomb Optical Co., of Rochester, New York, that its magazine, "Educational Focus" has been chosen for second award in the Third Annual Wartime Conference publication contest.

Over 1,500 publications were entered and but 58 received mention, so the winning of second place was considered exceptionally good. The "Educational Focus" is sent to schools, colleges, and other institutions interested in the sciences.

Started in June 1929, the publication has been published regularly ever since. Educators and scientists found the contents helpful in their work and the circulation grew to nearly 40,000.

Albert H. Blum is the present editor.

NEW UPJOHN DISPLAY FEATURES PHARMACY IN THE WAR

Pharmacists are performing herculean tasks in the armed services of our country and in civilian business. To pay tribute to these men, The Upjohn Company is featuring "Pharmacy in the War" in their new institutional window display.

Pharmicists are serving in every branch of our armed forces. They are contributing much to the war effort on the home front by carrying on under discouraging handicaps of manpower shortages. They are helping the physicians carry their heavy loads under wartime conditions.

The people in every neighborhood should know these facts. This Upjohn display will tell them.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101



Allen's Invalid Home

MILLEDGEVILLE, GA.

Established 1890

For the treatment of

NERVOUS AND MENTAL DISEASES

Grounds 600 Acres

Buildings Brick Fireproof

Comfortable Convenient

Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*

H. D. ALLEN, M.D., *Department for Women*

Terms Reasonable



with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective, and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

THE NATIONAL CONVENTION

Despite traveling difficulties the twenty-second annual convention of the Woman's Auxiliary to the American Medical Association opened at the Knickerbocker Hotel, June 12, with over 500 registered. This was, indeed, an inspiration to those of us privileged to attend.

The president, Mrs. Eben J. Carey, presided at all meetings.

The chief business of the convention was the adoption of a new constitution and by-laws which passed with a vote of 132 in favor and 49 opposed. Because of the time necessary for the discussions in adopting the new constitution and by-laws, the state president's reports were filed. They will be printed in the next issue of the national bulletin.

Reports of standing committee chairmen showed interest and activity in every department of our program. Outstanding was the report of Mrs. Rollin Packard, war service chairman, who called on her regional chairmen for separate reports, emphasizing various defense programs of the different localities. Bonds bought by the Woman's Auxiliary amounted to over $1,300,000. The southern region can be proud of the report given by our regional chairman, Mrs. Brawner of Atlanta, which showed the Woman's Auxiliary of the southern region to have a record of over 606,000 hours in Red Cross work alone.

Perhaps one of the greatest services this coming year can be to include in our program the

"EUREKA! I THINK THIS IS IT!"

SAID A DOCTOR WHEN SHOWN THE SPENCER BREAST SUPPORT



SPENCER BREAST SUPPORTS

Hold Heaviest Ptosed Breasts in Healthful Position

Improve circulation and tone, rendering breasts less likely to inflammation or disease. Encourage squared shoulders, aiding breathing. Release strain on muscles and ligaments of chest, neck, shoulders and back.

Aid Prenatal, Postpartum patients by protecting inner tissues, helping prevent outer skin from breaking; guard against caking and abscessing during postpartum.

Spencers are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address

..... R-9-44.



The grilled steak suppers in the backyard . . . horseshoe pitching with the gang . . . the friendship of a faithful spaniel . . .

These are the things that fill his letters . . . little things, small familiar pleasures, but to him as to all of us, they add up to home.

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. Wholesome and satisfying, how good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.

A glass of beer or ale—not of crucial importance, surely—yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his.



Men of the U.S. Navy say letters keep up morale . . . write that V-Mail letter today!

Morale is a lot of <u>little</u> things

(As you, Doctor, know better than most)

BREWING INDUSTRY FOUNDATION

support of the United States Cadet Nurses' Recruitment. Miss Reese, a guest speaker of the convention, speaking in behalf of Cadet Nurses' Recruitment, said 485,000 cadets were needed to meet our postwar problem. This work is urged by the A. M. A. as a major project this coming year. May I personally add at this point a request for every auxiliary member to assist in the organization and participation of this activity so vital not only to the American Medical Association but to the nation at large.

Hygeia chairmen will be interested in the memorial silver plaque which Dr. Kretschmer, incoming president of the A. M. A., has given in memory of his wife, to be kept at the central office. Names of Hygeia contest winners will be inscribed on the memorial and placed on exhibition at each convention. Florida this year had a rating of 98 per cent. Let us put Florida among the first to be inscribed.

The public relations chairman made a special appeal for us to encourage essay contests among our 'teen age group as an educational part of our program. Speaking of delinquency among our 'teen-agers, Dr. Kretschmer made an appeal for wives of physicians to direct young people into hospital aid work, for example, enabling them to contribute to the war effort.

The legislative chairman in her report urged our members to stand ready and alert, to keep informed on bills pending; she advised retaining in office state chairmen who are doing good jobs because of the time necessary to become familiar with the work. Dr. Paullen, retiring president of the American Medical Association, in his speech to the Woman's Auxiliary, said, in referring to the Wagner-Murray-Dingell bill, "The medical profession and the people of the country face a situation which is extremely difficult for a democracy to believe exists—a pressure by groups to regiment the American people and the medical profession with a bureaucratic form of government. You women can be tremendously influential in explaining to your local organizations the deterioration of the quality of medical care that would ensue under this proposed measure." Our incoming president, Mrs. Thomas, in her inaugural address said the auxiliary "must see that the medical profession be supported in its fight to thwart the considered move to make the Wagner-Murray-Dingell bill a socialized scheme that masquerades under the colors of humanitarianism." This is a legislative year and it is our duty to keep informed and well organized.

Great credit is due Mrs. Hutchinson and her committee for the arrangements made, which allowed time for a visit to the Museum of Science and Industries and a tour of the exhibits, followed by a buffet supper. It was also a privilege to attend the war meeting of the American Medical Association at Medinah Temple and to hear the following guest speakers: Norman T. Kirk, Surgeon General of the United States Army; Ross T. McIntyre, Surgeon General of the United States Navy; Robert Kho-Sheng Lim, Chief of the Supervisory and Planning Commission of the Army Medical Service, Chinese Army, and G. B. Chisholm, Director General of Medical Services, Royal Canadian Army.

To some of us the memory of the voices of the Great Lakes Choir, which furnished the music for the evening, will echo and re-echo to encourage and challenge us for the duties in the days that lie ahead.

Ethel Sterling Williams, *President*.

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starts September 18, October 2, and every two weeks throughout the year. One Week Course in Colon and Rectal Surgery starts October 16.

MEDICINE—Two Weeks Course in Internal Medicine starting October 16.

GYNECOLOGY—Two Weeks Intensive Course starts October 2. One Week Course Vaginal Approach to Pelvic Surgery starts October 23.

OBSTETRICS—Two Weeks Intensive Course starts October 16.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

GASTROSCOPY—Personal Course starts October 2.

OTOLARYNGOLOGY — Two Weeks Intensive Course starts October 2.

ROENTGENOLOGY—Courses X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

THE "ABC" OF VITAMIN D THERAPY

Prevention of rickets is part of the daily routine in the care of infants and young children. Hence there is a big advantage in simplifying the administration of vitamin D.

Two drops of Drisdol in Propylene Glycol in the daily ration of milk is the prophylactic dose.

Drisdol in Propylene Glycol disperses uniformly in milk and does not affect its palatability.



WINTHROP CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y. *Pharmaceuticals of merit for the physician* WINDSOR, ONT.

Florida has a new enterprise . . . Organized by ambitious young men who have been serving Florida's medical profession and hospitals for more than 13 years . . . We are eager to serve you in our new business and anticipate each opportunity with great pleasure.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

P. O. BOX 2669 820-24 W. BAY ST.
Jacksonville 3, Florida

The Brown School
San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee. Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota. Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	
Southern Medical Association	James A. Ryan, Covington, Ky.	Mr. C. P. Loranz, Birmingham	St. Louis, Nov. 13-16, 1944
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 194
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, Nov. 4, 1944
Dental Society, State	E. C. Lunsford, D.D.S., Miami	H. L. Cartee, D.D.S., Miami	Miami Beach, Nov. 9-11, 194
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons. Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	George S. McClellan, Pompano	H. D. Van Schaick, Miami	Jacksonville, Nov. 20, 21, 19
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas. Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	A. P. Black, Gainesville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 4-6, 1944
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	
Southeastern Surgical Congress	Alton Ochsner. New Orleans	B. T. Beasley, Atlanta	Postponed
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell. Lake City	





FOR CONSTIPATION DUE TO MEDICATION...

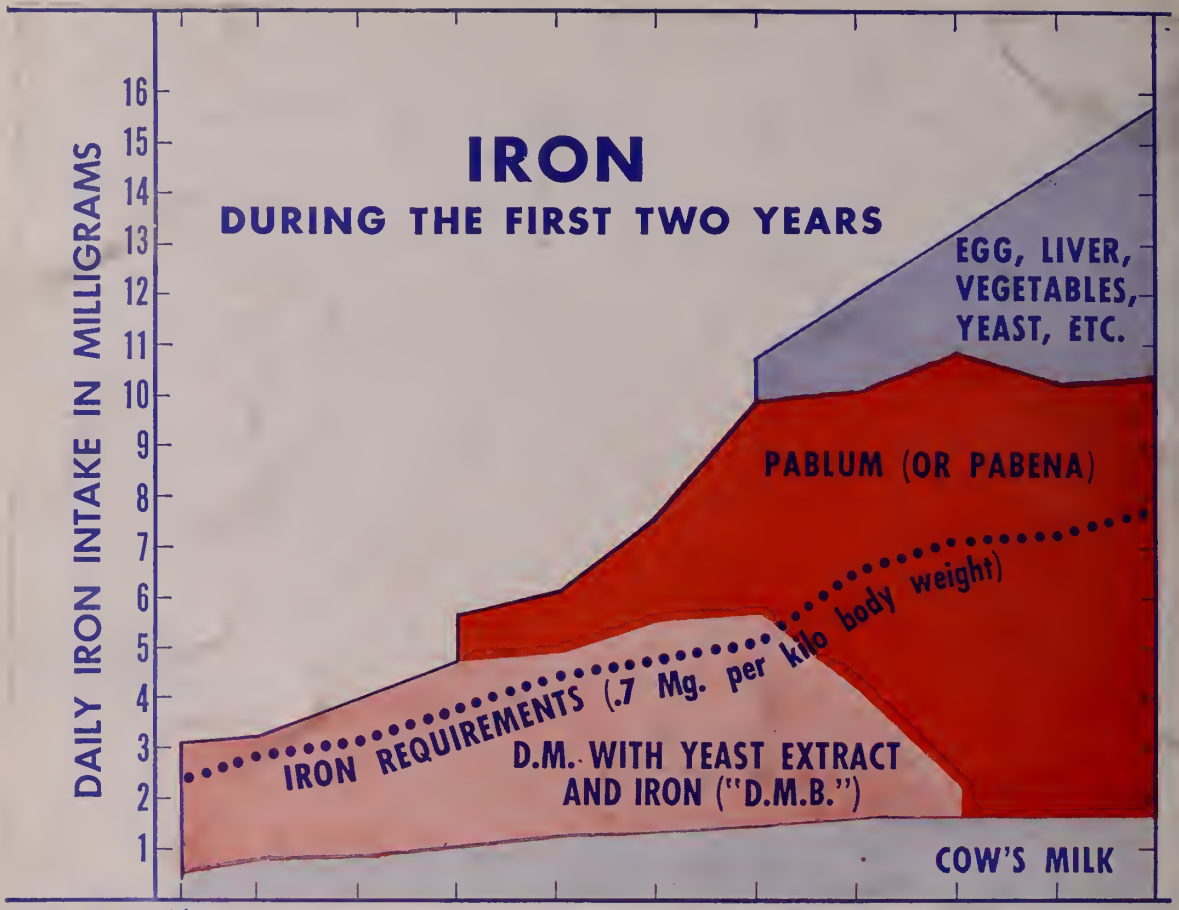
You know only too well that a number of useful, necessary medications may induce constipation as an unfortunate by-product. The normal cycle of bowel evacuations is thrown off schedule.

Petrogalar gently, persistently, *safely* helps to establish "habit time" for bowel movement. It is evenly disseminated throughout the bowel, effectively penetrating and softening hard, dry feces, resulting in comfortable elimination with no straining . . . no discomfort. Petrogalar to be used only as directed.

A medicinal specialty of WYETH Incorporated, Petrogalar Laboratories, Inc. Division, Philadelphia.

Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly. Five types afford a selection of medication adaptable to the individual patient. Supplied in 16-ounce bottles.

Petrogalar
REG. U.S. PAT. OFF.
Wyeth
FOR SAFE RETURN TO "HABIT TIME"



AGE, Mos.	¼	1	2	3	4	5	6	9	12	18	24
WEIGHT, Lbs.	7	9	10	12	14	15	16	19	22	23	25
MILK, Oz.	10	16	18	21	24	26	28	32	32	32	32
"D.M.B.," Oz.	1	1	1¼	1½	1½	1¾	1¾	1	¼	0	0
PABLUM, Oz.	0	0	0	⅛	¼	¼	½	¾	1	1	1

IRON DURING THE FIRST TWO YEARS

During fetal life iron accumulates (in the form of hemoglobin) in the infant's body. After birth the hemoglobin frequently drops to 50% by the third month, especially in prematures. Neither breast milk nor cow's milk is capable of offsetting this loss, as they are deficient in iron. This chart shows that when the carbohydrate and cereal supplements contain iron, a sizeable margin of safety over the requirements can be maintained, not only during the important first six months, but throughout the first two years of life.

More iron than the calculated requirement is needed because some iron is not utilized. In rapidly growing, or poorly nourished infants, and in the presence of infection, the need for iron may be even greater than is indicated in this chart for normal infants.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

NEW YORK ACADEMY OF 2
MEDICINE
2 E 103RD ST
NEW YORK N Y 29

THE N.Y. ACADEMY OF MEDICINE

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI OCTOBER, 1944 No. 4

CONTENTS

Refrigeration Anesthesia of the Extremities; Its Application and Use with a Report of Cases, Duncan McEwan, M.D., Orlando 153

Sarcoma of the Uterus, John K. Turberville, M.D., Century 158

Abstracts of Medical Articles 161

From our President 163

Editorials: Selective Service; Committee Progress Reports 165

It Was Justified 166

State News Items 167

Deaths 167

Correspondence 167

Members in Armed Services 169

Component County Society Notes 172

Books Received 172

Advertisers' Notes 174

Woman's Auxiliary 176

Component Societies by Medical Districts 179

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.



"MY DOCTOR'S MADE A NEW MAN OUTTA BOTH OF US!"

"ALL that endless figuring and re-figuring of milk, carbohydrates, water for feeding formulas was getting my doctor down. 'Specially with all he has to do these days.

"No wonder he looked into S-M-A. An' no wonder he made all his babies S-M-A babies—right off! It sure fixed him up with extra time for his extra work—and even a bit for some sleep. Why, it takes only two minutes to explain to a mother or nurse how to mix and feed S-M-A*.

"Better yet, my doctor knows that in S-M-A he's prescribing an infant food that closely resembles breast milk in digestibility and nutritional completeness!

"Happy am I—and so is Mummy! 'Cause S-M-A made a new man outta me. I'm gaining by leaps and bounds. And Doctor? His new disposition matches *mine*. Believe you me, EVERYBODY'S happy if it's an S-M-A baby!" A nutritional product of the S. M. A. Corporation, Division WYETH Incorporated.

**One S-M-A measuring cup powder to one ounce water.*

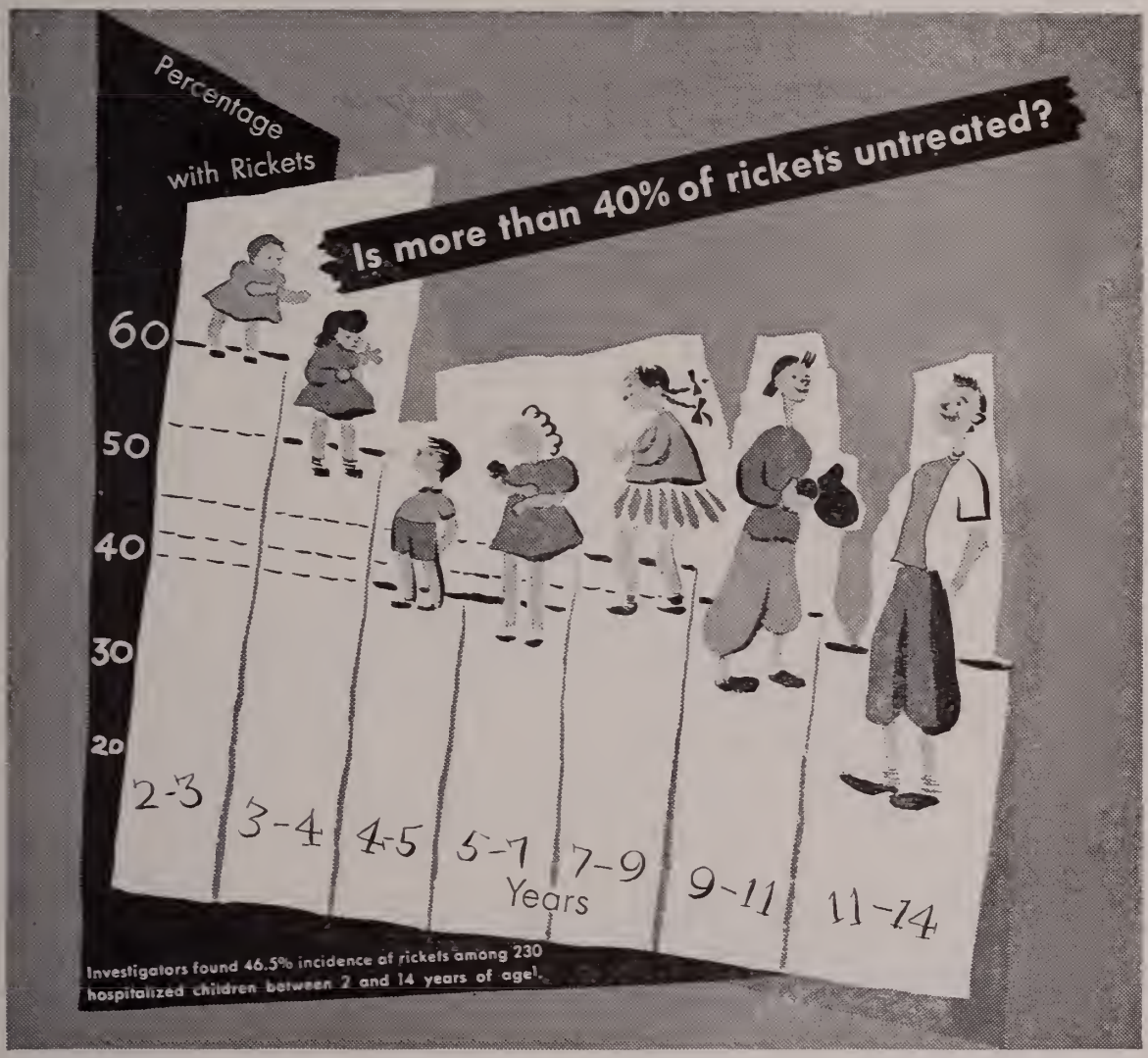
S-M-A is derived from tuberculin-tested cows' milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an antirachitic food. When diluted according to directions, S-M-A is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash, in chemical constants of fat and physical properties.



"Everybody's Happy

. . . IF IT'S AN SMA BABY!"

REG. U. S. PAT. OFF.



It used to be thought that rickets is prevalent only in the first two years of life. This was when the roentgenological and clinical manifestations were accepted as the criteria for diagnosis. Recent studies suggest that perhaps as the result of this impression, as much as 40% of rickets has gone untreated.[1]

Microscopic examination of the long bones of children between the ages of 2 and 14 who died from various causes showed a startlingly high percentage of cases of rickets in older children. The highest incidence was found during the third year (57%). This suggests the need of continuing vitamin D supplementation beyond infancy. Evidently, as long as growth persists, and at least through the fourteenth year, administration of vitamin D should be made routine; because even in children who appear healthy, histologic bone studies show that disturbances in calcium-phosphate metabolism are fairly common.

Whether the vitamin supplements prescribed are for infants or for older children, Upjohn preparations may be given routinely with the assurance of dependable potency in pleasant, easy-to-take dosage forms.

1. Folkis, R. H.; Jackson, D.; Eliat, M. M., and Park, E. A.: Am. Jrl. Dis. Child. 66:1 (July) 1943. Note: A reprint of this paper is being mailed to all physicians. Additional copies are available upon request.

Upjohn
KALAMAZOO, MICHIGAN

U P J O H N V I T A M I N S

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

WALKER VITAMINS
are good vitamins

COUNCIL ACCEPTED

Ethical preparations of finest quality . . . pure, potent and rigidly standardized . . . advertised exclusively to the profession, and sold at consistently economical prices.

TABLETS

Thiamine Hcl.	1 Mg.
Thiamine Hcl.	3 Mg.
Thiamine Hcl.	5 Mg.
Thiamine Hcl.	10 Mg.
Ascorbic Acid	25 Mg.
Ascorbic Acid	50 Mg.
Ascorbic Acid	100 Mg.
Riboflavin	1 Mg.
Riboflavin	5 Mg.
Niacin	20 Mg.
Niacin	50 Mg.
Niacin	100 Mg.
Niacinamide	20 Mg.
Niacinamide	50 Mg.
Niacinamide	100 Mg.

SOLUTIONS

Sol. Thiamine Hcl. (100 I.U. per drop) Oral
Con. Oleo A-D Drops (2000 I.U. A and 300 I.U. D per drop)

CAPSULES

Oleo Vitamin A Capsules 25,000 I.U.

for prices and full details, write
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON • NEW YORK

Basis for many uses

The pharmacologic actions of Luminal have been applied with great advantage in the clinical management of a variety of conditions and disorders . . . This well established drug exerts a sedative, hypnotic, antispasmodic and anticonvulsant effect . . . The desired result is often only a matter of dosage . . . Continued freedom from symptoms, as in epilepsy, may be obtained by the determination of the suitable maintenance dose in individual cases.

Write for informative booklet containing detailed clinical information and helpful dosage table.



How Supplied

LUMINAL TABLETS
¼, ½ and 1½ grains.

LUMINAL ELIXIR
¼ grain per teaspoonful

LUMINAL SODIUM TABLETS
¼, ½ and 1½ grains for oral use.

LUMINAL SODIUM AMPULS
2 and 5 grains for injection.

LUMINAL
Trademark Reg. U. S. Pat. Off. & Canada
Brand of
PHENOBARBITAL

ACCEPTED
AMERICAN
MEDICAL
ASSN.
Council on Pharmacy and Chemistry

ARMY NAVY
WINTHROP

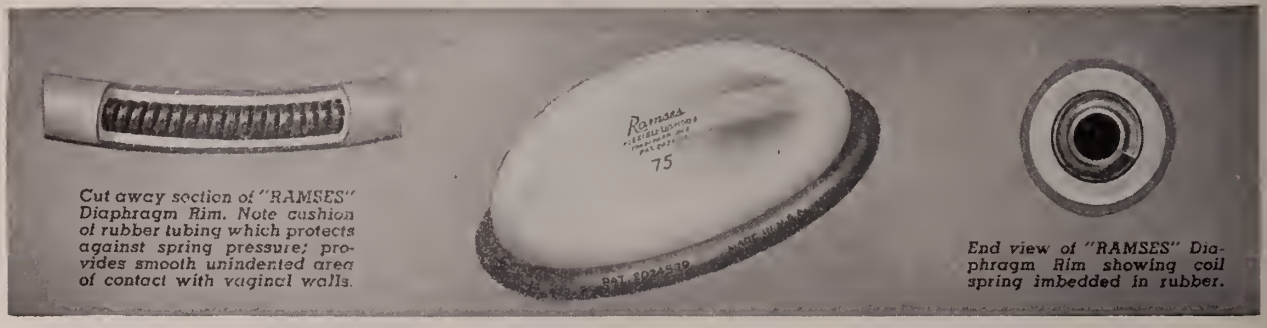
WINTHROP
CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician
NEW YORK 13, N. Y. WINDSOR, ONT.

What's In A RIM

The coil spring in the rim of the "RAMSES"* Diaphragm is flexible in all planes, permitting adjustment to muscular action.

The spring used has sufficient tension to insure close contact with the vaginal walls during use.

The spring is covered with soft rubber tubing which serves to protect the patient against undue spring pressure. Also provides a wide unindented area of contact.



Cut away section of "RAMSES" Diaphragm Rim. Note cushion of rubber tubing which protects against spring pressure; provides smooth unindented area of contact with vaginal walls.

End view of "RAMSES" Diaphragm Rim showing coil spring imbedded in rubber.

ACCEPTED MERICAL MEDICAL ASSN Council on Pharmacy and Chemistry

"RAMSES" Flexible Cushioned Diaphragms are supplied in sizes ranging from 50 to 95 millimeters. They are available through any recognized pharmacy. Only the "RAMSES" Diaphragm has the patented flexible cushioned rim.

*The word "Ramses" is the registered trademark of Julius Schmid, Inc.

gynecological division

JULIUS SCHMID, INC.

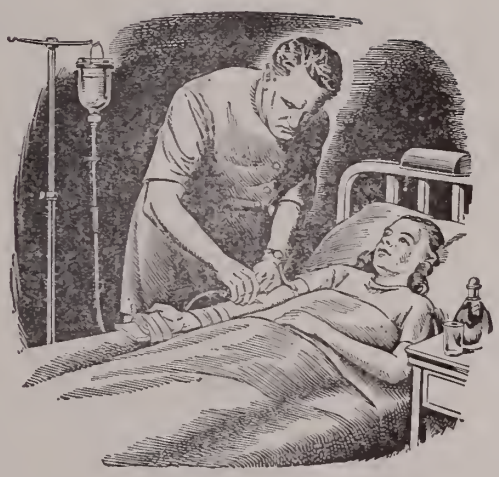
Established 1883

423 West 55 St. New York 19, N. Y.

TRADE MARK OF Ramses DEPENDABILITY

TO MAINTAIN THE SUPPLY
OF PENICILLIN HERE . . .





TO INCREASE THE SUPPLY
OF PENICILLIN HERE . . .

PENICILLIN *Schenley*

THE TASK of penicillin production cannot be considered complete until there is sufficient to meet not only the widest needs of military medicine, but those of civilian practice as well.

Toward this end, the Schenley research staff—with a background of long experience in the study of mold and fermentation processes—early devoted itself to the project of developing a large-scale method of penicillin production.

A procedure was established that led to our being designated one of the 21 firms to produce this valuable weapon of modern medical science.

Today—thanks to the tireless devotion of science and industry—this problem of mass production is being solved, and penicillin is fast becoming a standard pharmaceutical agent on all of the world's warring fronts. And, as the supply increases, it will become more and more familiar in civilian practice.



SCHENLEY LABORATORIES, INC.
EXECUTIVE OFFICES: 350 FIFTH AVENUE, N. Y. C.



"HYPO" PHOBIA

● A single injection daily of 'Wellcome' Globin Insulin with Zinc will control most moderately severe and many severe cases of diabetes. Thus it helps diminish the "hypo" phobia which so often dominates the mental attitude of patients who have been receiving several injections daily.

'Wellcome' Globin Insulin with Zinc helps turn problem diabetics into better adjusted and more cooperative patients. 'Wellcome' Globin Insulin with Zinc is timed to the patient's needs. One injection provides a rapid onset of action in the morning and sustained daytime effect with the safety of diminishing activity during the night.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic reactions, is comparable to regular insulin. This new advance in insulin therapy was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,193. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

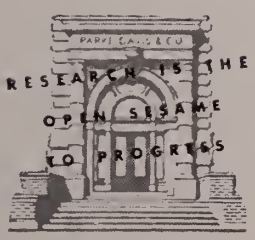
Literature on request

BURROUGHS WELLCOME & CO., (U. S. A.) INC.
9-11 East 41st Street, New York 17, New York

'WELLCOME'
GLOBIN INSULIN
WITH ZINC



WHAT ARE WE LOOKING FOR?



In antimalarial research we are seeking the drug which will be not only more satisfactory than present synthetics, but will be superior to quinine also. In the laboratories of Parke, Davis & Company, and on research grants, new chemical compounds are being synthesized, studied for toxicity, and tested for effectiveness against malaria parasites. We are looking for a non-toxic, rapidly acting drug that will be an effective prophylactic and a permanent cure for this disease.

PARKE, DAVIS & COMPANY DETROIT 32, MICHIGAN



Facts for the patient inquiring about the

SAFETY

OF INTERNAL MENSTRUAL PROTECTION

Tampax menstrual tampons are more than merely *adequate* for catamenial protection...they possess a wide margin of safety, particularly on prolonged use.

Careful and extended research by authorities in different parts of the country—involving studies on bacterial flora, hydrogen ion concentration, vaginal mucosal biopsies, glycogen determinations and gross examinations in hundreds of cases—has failed to reveal any untoward results from the regular use of this form of menstrual hygiene.

For instance, one investigator[1] reports, "By exact research in 218 women who wore tampons regularly during their menstruation for one year and over, no production of irritation or discharge, vaginitis or cervicitis was found."

Another[2] states that, in 110 subjects using tampons throughout each period for a minimum of one year to a maximum of two years, "there was no evidence of any irritation of the cervix or vagina by the tampon."

A third clinician[3] (with a series of 21 subjects) writes that "no evidence was observed of any infection carried by the tampons."

Finally, the general consensus would seem to indicate that intravaginal menstrual protection will not cause blocking of the flow or cramps—rather that "tampons actually acted as a wick to draw away the blood from the cervix."[1]

Thus, Tampax can be soundly recommended to patients of menstruating age—on the basis that "the evidence is conclusive that the tampon method of menstrual hygiene is safe, comfortable and not prejudicial to health."[4]

(1) West. J. Surg., Obst. & Gyn., 51:150, 1943. (2) Am. J. Obst. & Gyn., 46:259, 1943. (3) Clin. Med. & Surg., 46:327, 1939. (4) Med. Rec., 155:316, 1942.

TAMPAX *accepted for advertising by the Journal of the American Medical Association*

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax.

FL-104

NAME_____

ADDRESS_____

CITY_____

Heroes of the United States Medical Services



COLONEL
LOUIS ANATOLE LA GARDE
(1849-1920) U. S. Army

Battlefield Bacteriologist

With his platinum loops, agar plates and microscope, Colonel Louis La Garde proved that bullets carried deadly infections into body tissues. Conducting exhaustive and meticulous studies on the rifle range and in the field, he wrote the opening chapters in the Army's brilliant conquest over gunshot wounds and infections.

Colonel La Garde established and directed the first modern bacteriological laboratory in the Army, which served as a model for the development of this branch of medical science. Colonel La Garde's original equipment was used successfully in Cuba by Major Walter Reed for his malaria and yellow fever work. Today the use of sulfa drugs, anti-toxin injections and other highly developed techniques for the prevention of wound sepsis, with consequent reduction of casualties, stems from Colonel La Garde's pioneering research.

© 1944, C. P. P., Inc.



Ciba Pharmaceutical Products, Inc. salutes the men in the Medical Services of the United States as well as those in civilian forces responsible for health "behind the lines."

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

IN LEUKORRHEA

of Vaginal Origin TRICHOMONAD INFECTION is probably the most common cause.[1]

[1] H. E. Schmitz, Medical Clinics of North America 27:43, Jan. 1943



EFFECTIVE THERAPY

IN THE OFFICE: Insufflation of Vioform Insufflate Powder

AT HOME: Daily insertion of Vioform Inserts, between office visits

VIOFORM*

INSUFFLATE · INSERTS

PARASITICIDAL · ACIDIFYING · DEODORANT

*Trade Mark Reg. U. S. Pat. Off. Word "Vioform" identifies the product as iodochlorhydroxyquinoline of Ciba's manufacture. Each "insert" contains 250 mg. Vioform, 25 mg. lactic acid and 100 mg. boric acid. The "Insufflate" contains Vioform 25%, boric acid 10%, zinc stearate 20%, lactose 42.5% and lactic acid 2.5%.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC. · SUMMIT, NEW JERSEY



Official U. S.
Signal Corps Photo

Let these guys start it!

There's a day coming when the enemy will be licked, beaten, whipped to a fare-thee-well—every last vestige of fight knocked out of him.

And there's a day coming when every mother's son of us will want to stand up and yell, to cheer ourselves hoarse over the greatest victory in history.

But let's not start the cheering yet.

In fact, let's not start it at all—over here. Let's leave it to the fellows who are *doing* the job—the only fellows who will *know* when it's done—to begin the celebrating.

Our leaders have told us, over and over again, that the smashing of the Axis will be a slow job, a dangerous job, a bloody job.

And they've told us what our own common sense confirms: that, if we at home start throwing our hats in the air and easing up before the job's completely done, it will be slower, more dangerous, bloodier.

Right now, it's still up to us to buy War Bonds—and to *keep on* buying War Bonds until this war is completely won. That doesn't mean victory over the Nazis *alone*. It means bringing the Japs to their knees, too.

Let's keep bearing down till we get the news of final victory from the only place such news can come: the battle-line.

If we do that, we'll have the *right* to join the cheering when the time comes.

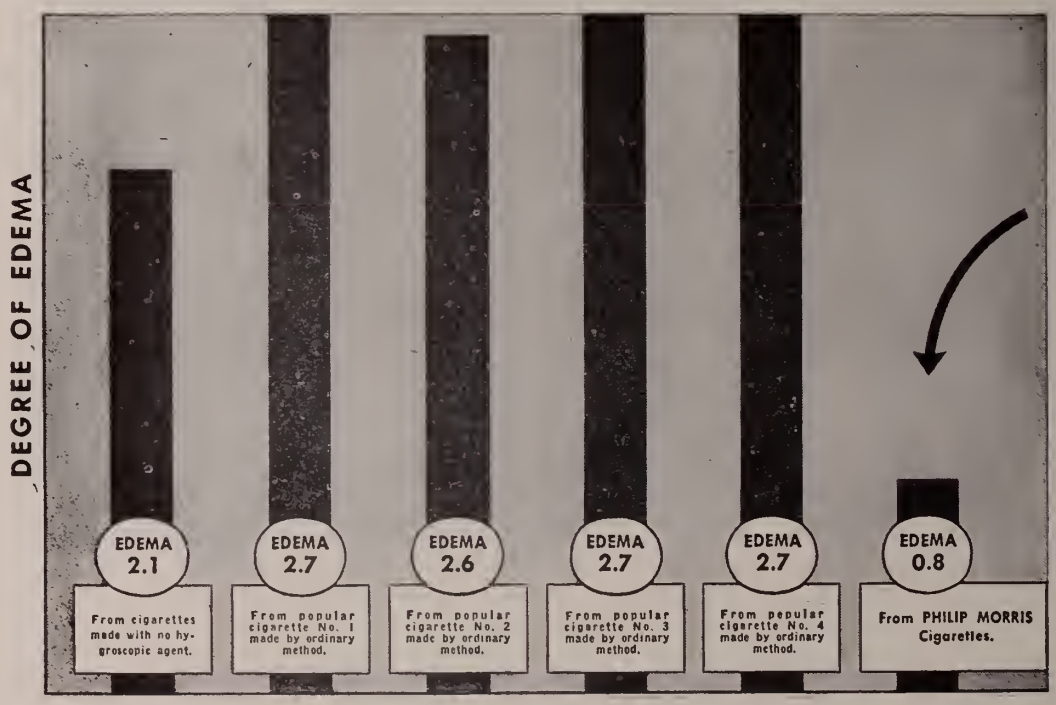
Keep backing 'em up with War Bonds

FLORIDA MEDICAL ASSOCIATION

This is an official U.S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

A PICTURE

that means more than a thousand words



HOW IRRITATION VARIES FROM DIFFERENT CIGARETTES
Tests made on rabbits' eyes reveal the influence of hygroscopic agents

CONCLUSION:* Results of these tests show that regardless of blend of tobacco, added materials, or method of manufacture, the irritation produced by ordinary cigarettes is *measurably greater* than that caused by PHILIP MORRIS.

CLINICAL CONFIRMATION:** On men and women smokers with throats irritated by smoking, PHILIP MORRIS have been shown to be *definitely* less irritating.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

*N. Y. State Journ. Med. 35 No. 11,590 **Laryngoscope 1935, XLV, No. 2, 149-154

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



To Speed the Day

The promise of penicillin . . . precious, life-saving antibiotic derived from *Penicillium notatum* . . . will not be fully realized until this drug is available in sufficient quantities to work its miracles in every city, town, and hamlet in the country.

Cheplin Biological Laboratories are actively engaged in the production of penicillin and are making intensive efforts to increase its output to the point where all restrictions on its civilian use can be removed. We are doing our utmost to speed the day when this drug will be found in every physician's bag and every pharmacist's prescription room.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

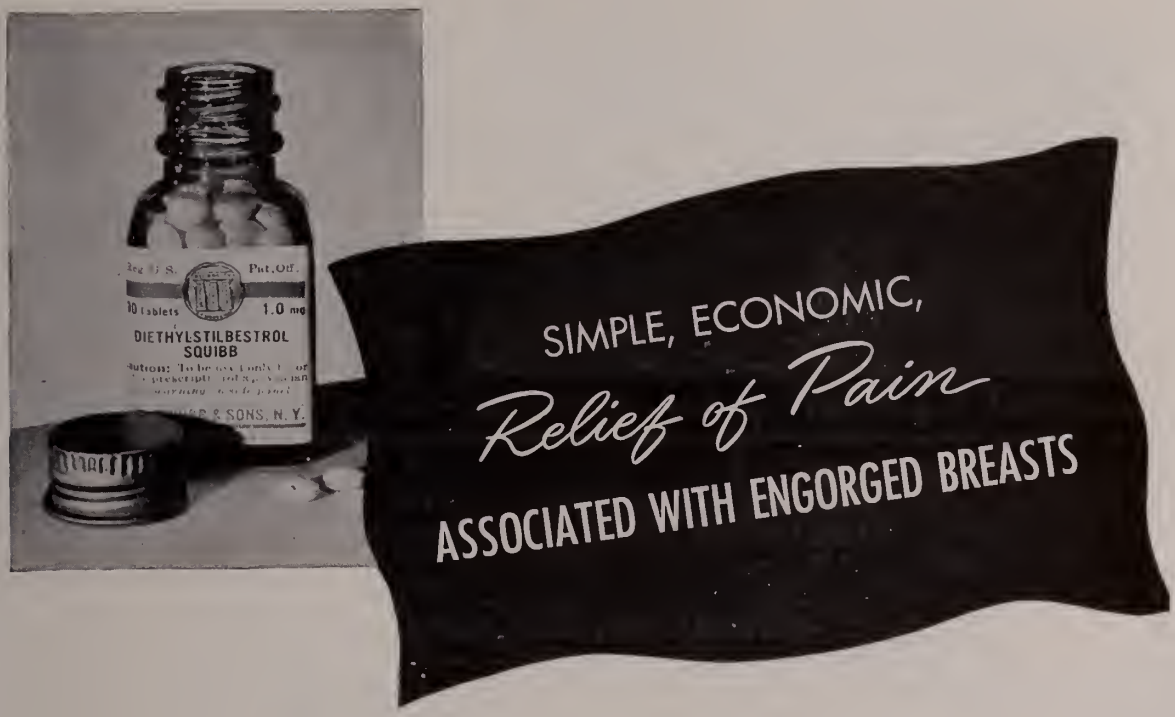
CHEPLIN
BIOLOGICAL LABORATORIES, INC.
(Unit of Bristol-Myers Company)
SYRACUSE, NEW YORK



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

Drink Coca-Cola Delicious and Refreshing

THE PAUSE THAT REFRESHES



In women, in whom breast feeding is undesirable or contraindicated, the early administration of Diethylstilbestrol provides an effective means of preventing the development and minimizing the intensity of breast pain. This simple procedure eliminates the use of breast binders, ice bags, restriction of foods and use of saline catharsis.

In large numbers of women the medication may consist of administration of 10 milligrams Diethylstilbestrol orally on the day of delivery or first day postpartum, and 5 milligrams at 24-hour intervals thereafter, for two or more days. Patients are not nauseated by Diethylstilbestrol thus administered, nor is there any vomiting or any other evidence of drug hypersensitivity.

Most physicians who have discovered the value of this hormonal treatment of engorged breasts find it most satisfactory.

Diethylstilbestrol Squibb is available in 5-mg. tablets which are particularly useful for the treatment of this condition. The synthetic estrogen is available in a variety of other dosage forms for oral, intravaginal, or parenteral administration. Not the least among the advantages of Diethylstilbestrol is its low cost.

Given in doses of 0.5 mg. or less, it has made the cost of estrogen therapy relatively inexpensive to women of middle age whose distressing symptoms of the menopause require this form of alleviation.

The Squibb Laboratories also supply natural estrogens in the form of Amniotin—an extract of pregnant mares' urine. It, too, is available in a variety of dosage forms, for oral, intravaginal and parenteral use.

For literature address the Professional Service Dept., 745 Fifth Avenue, New York 22, N. Y.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

SPECIALIZATION —

A widely diversified technical experience enables us to serve the professional equipment and supply needs of physicians, hospitals, and laboratories.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

P. O. BOX 2669 820-24 W. BAY ST.

Jacksonville 3, Florida

A Synthetic Estrogen

combining marked effectiveness with singularly few untoward effects

OCTOFOLLIN*

Schieffelin Brand of Benzestrol

(2, 4-di (p-hydraxyphenyl)-3-ethyl hexane)

OCTOFOLLIN is effective in relieving menopause symptoms, senile vaginitis and may be used in the treatment of infantile gonorrheal vaginitis, in suppression of lactation and in ovarian hypofunction of estrogenic origin.

OCTOFOLLIN is available in tablet form for oral administration and in solution for parenteral use.

Literature and Sample on Request

Schieffelin & Co.

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N. Y.

Reg. U. S. Pat. Off. The trademark OCTOFOLLIN identifies the Schieffelin Brand of Benzestrol

OCTOFOLLIN TABLETS

Potencies of
0.5, 1.0, 2.0, 5.0 mg.
Bottles of 50, 100 and 1000

OCTOFOLLIN SOLUTION

Potency of
5 mg. per cc in oil
Rubber capped vials of 10 cc



HEROES...Behind Masks

BOMBS screaming down . . . shells crashing . . . the crazy chatter of strafing planes' machine guns . . . they're the "background music" of the drama that's played on every fighting front every day by the surgeons of the field clearing-stations.

"Soldiers in white". . . heroes—behind masks.

Naturally we are proud that their choice of a cigarette—in those moments when there's a brief respite for a heartening smoke—is likely to be Camel. The milder, rich, full-flavored brand favored in the Armed Forces all over the world.

Camel is truly "the soldier's cigarette"!



BUY WAR BONDS STAMPS

COSTLIER TOBACCOS **Camel**

Reprint available on cigarette research —Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service

Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.

WEST PALM BEACH, FLA.
1201 South Olive

DERIVED FROM COD LIVER OIL ONLY

100% NATURAL VITAMINS A AND D

The natural vitamin A and vitamin D of time-proved cod liver oil itself—in the proportions typical of U. S. P. cod liver oil—are provided today, as for many years, in the three convenient dosage forms of

White's
COD LIVER OIL CONCENTRATE
LIQUID • TABLETS • CAPSULES

For infants, antirachitic prophylactic dosage of White's Cod Liver Oil Concentrate *still* costs less than a penny a day. Council accepted, time-tested, widely prescribed—and promoted, without deviation of any kind, to the Medical Profession alone.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

WHITE LABORATORIES, INC., PHARMACEUTICAL MANUFACTURERS
NEWARK 7, NEW JERSEY



WHEN INCREASED METABOLISM

Increases Nutritional Needs

During periods of acute febrile disease, dietary adjustment must be made to satisfy the change in nutritional demands. Protein requirements are increased 50 to 100 per cent, caloric expenditure is raised because of increased heat production, and vitamin needs, especially those of the water-soluble groups, are greater. Only by fully meeting these altered requirements can recovery be hastened; can convalescence be shortened, and the usual state of lethargy reduced in severity.

Designed to supplement the diet during periods of increased metabolic activity, Ovaltine in milk is a powerful weapon in preventing nutritional insufficiency during these periods. The abundantly supplied nutrients of this palatable food drink are quickly assimilated and metabolized. Its delicious taste makes it appealing even to the seriously ill patient who usually presents a feeding problem. Because its curd tension is considerably lower than that of milk alone, it leaves the stomach promptly, rarely produces nausea or anorexia, and presents no undue digestive burden for the patient.

THE WANDER COMPANY, 360 NORTH MICHIGAN AVENUE, CHICAGO 1, ILLINOIS



Ovaltine

Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A	1500 I.U.	2953 I.U.
CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	3.0 mg.	5.0 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.

*Each serving made with 8 oz. of milk; based on average reported values for milk.



Forming good habits early

Mother has the satisfaction of knowing that making 'Dexin' formulas for her baby helps to assure sound habits of eating, sleeping and elimination.

The baby regularly takes his full quota of palatable 'Dexin' feedings. They are not excessively sweet, and do not dull the appetite. Adding bland foods to the diet is more easily accomplished.

A well-fed 'Dexin' baby is not awakened by unsatisfied hunger. 'Dexin' helps eliminate disturbances that might interrupt sleep. Its high dextrin content (1) reduces intestinal fermentation and the tendency to colic, diarrhea and constipation, (2) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' Reg. U. S. Pat. Off.



'Dexin' does make a difference

COMPOSITION

Dextrins	.75%	Mineral Ash	0.25%
Maltose	.24%	Moisture	0.75%

Available carbohydrate 99% 115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce

'DEXIN'

HIGH DEXTRIN CARBOHYDRATE

ACCEPTED AMERICAN MEDICAL ASSOCIATION

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41st St., New York 17, N. Y.

The Combination Packages of





For the usual concentration (5000 Oxford Units per cc.) inject 20 cc. of physiologic salt solution into the vial in the usual aseptic procedure.



Invert the vial and syringe (with needle in vial), and withdraw the amount of penicillin solution required for the first injection.



Store vial with remainder of solution in refrigerator. Solution is ready for subsequent injections during the next 24 hours.

PENICILLIN-C.S.C.

For administration in the physician's office or in the patient's home, Penicillin-C.S.C. will be available in a convenient combination package, as soon as the drug is released for unrestricted use in civilian practice. This combination package provides two rubber-stoppered, serum-type vials. One vial contains enough physiologic salt solution to permit the withdrawal of 20 cubic centimeters. The other vial contains 100,000 Oxford Units of penicillin sodium or penicillin calcium* respectively.

The physiologic salt solution is sterile and free from fever-producing pyrogens. Penicillin-C.S.C.—whether the sodium salt or the calcium salt — is bacteriologically and biologically assayed to be of stated potency, sterile, and free from all toxic substances, including pyrogens, as attested by the control number on the package.

When 20 cc. of the physiologic salt solution is withdrawn from its vial, and injected into the penicillin-containing vial under the usual aseptic precautions, the resultant solution presents a concentration of 5000 Oxford Units per cubic centimeter. The solution is then ready for injection, does not require resterilization.

After the desired amount of the solution for the first injection has been withdrawn, the vial containing the remainder of the solution should be stored in the refrigerator. It is ready for the next injection—the desired amount then merely has to be withdrawn under proper sterile technic.

When released for unrestricted marketing, Penicillin-C.S.C. will be stocked throughout the United States by a large number of selected wholesalers. Any pharmacist thus will be able to fill professional orders promptly.

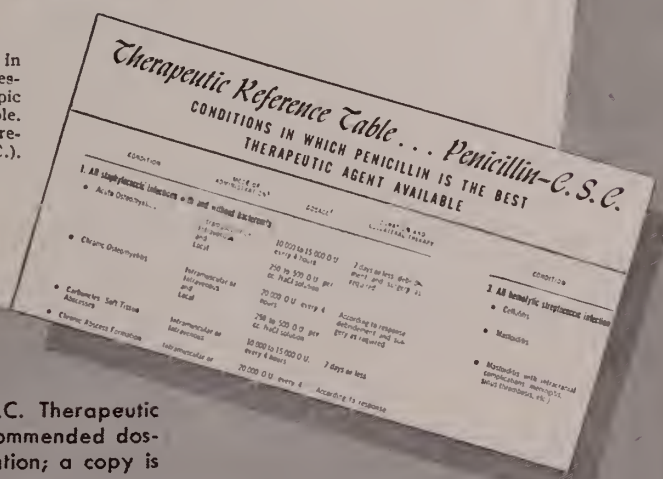
PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS

Corporation

17 East 42nd Street CSC New York 17, N. Y.

*Penicillin calcium, equal to penicillin sodium in therapeutic efficacy and nontoxicity, in recent investigations has been shown to be less hygroscopic than the sodium salt, and somewhat more stable. Both forms of the drug should be stored in the refrigerator, at a temperature not over 50° F. (10° C.).


Therapeutic Reference Table . . . Penicillin-C.S.C.
CONDITIONS IN WHICH PENICILLIN IS THE BEST THERAPEUTIC AGENT AVAILABLE

A page of the "Penicillin-C.S.C. Therapeutic Reference Table," showing recommended dosages and modes of administration; a copy is yours for the asking.



A HUNDRED THOUSAND PEOPLE IN CENTERVILLE

Walter Morgan runs the Centerville drug store. Although his place is small, Pharmacist Morgan's professional service is supported by the combined efforts of more than a hundred thousand people. Scattered among the research laboratories of the world, trained scientists diligently seek better methods of disease prevention and control. Workers in manufacturing laboratories labor year in and year out, turning medical discoveries to practical account, producing drugs and medicines to meet the demands of an ever-changing health structure. The achievements of all these people are concentrated in prescription departments everywhere and thus made available to physicians without delay. Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly



BUY WAR BONDS FOR VICTORY

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI Jacksonville, Florida, October, 1944 No. 4

REFRIGERATION ANESTHESIA OF THE EXTREMITIES

ITS APPLICATION AND USE WITH A REPORT OF CASES

DUNCAN McEWAN, M. D.
ORLANDO

Reduction of temperature as a therapeutic measure is becoming better established scientifically and more widely adopted in practice. For convenience, four types may be distinguished. First is the use of ice bags or cold applications to various parts, which has been familiar for generations. The second may be designated as the introduction of cold applicators in internal organs, and the third is the general reduction of body temperature to 90 F. or lower. These two innovations resulted from the fundamental pioneer studies of Temple Fay, and they were commonly called crymotherapy, hypothermia, or artificial hibernation.

The fourth method, developed by Allen during a decade of experiments, consists in the local application of cold and a tourniquet. The reduction of temperature by this method is more radical than by any other plan. The tissues are chilled to a temperature which is almost uniform. The tourniquet prevents an inflow of warm blood from warming the part that is to be cooled and an outflow of cold blood from cooling the remainder of the body. This coldness, approximating icebox temperature, has justified the name of refrigeration for this method.

The widening uses of reduced temperature now include treatment for pain, infection, frostbite, burns, shock in various forms, preservation of traumatized tissue, local anesthesia and other conditions reviewed by Smith. The principle of the reduction of local metabolism by cold and its importance for various purposes are now generally recognized. The usefulness of applied refrigeration for treatment of existing shock has been questioned, but by suitable experiments the genuine value for shock treatment is demonstrated when cold can be applied to the local source of shock as in trauma of limbs, or superficial injuries such as burns. Fay maintained the benefit of general hypothermia for generalized shock also. At least one conclusion seems to have gained rapid acceptance, namely, that artificial heating in cases of shock is injurious and should be abolished.

This paper is limited to the operative use of refrigeration, and even this single aspect of the subject cannot be discussed in detail. In place of a descriptive dissertation, a list of references, which may serve as a guide to a wider literature, is appended for those who are interested in either the surgical method or the aforementioned ramifications.

As an introduction, the advantages of refrigeration in operations on the extremities are enumerated. Refrigeration may be used in preparation of the patient as well as for anesthesia because it does away with shock and pain, controls hemorrhage and infection, and eliminates toxic absorption. By its use adequate time for general preparation of the patient for operation is provided, as refrigeration may be carried out forty-eight to ninety-six hours previously. At operation, absolute local anesthesia is obtained with no shock to the system, for anesthesia of the protoplasm and nerves is obtained.

Postoperatively, there are no gastrointestinal upsets due to anesthesia, and large amounts of sedation are not necessary. Drainage is promoted because agglutination is delayed, and the danger of embolism is greatly diminished. Because of these factors this method is especially useful in the aged, in patients with toxic, gangrenous and diabetic conditions with arteriosclerosis, and in those suffering from severe trauma with shock.

The detailed technic was demonstrated on my first patient by Dr. Lyman Weeks Crossman as it is carried out on his service at the New York City Hospital where the original work was performed. The method is as follows:

Apply bare ice bags for one-half hour to the point where the tourniquet is to be applied.

Using half inch gum rubber tubing, apply the tourniquet tightly to cut off all circulation; take a second turn over the first and secure with a strong clamp.

Refrigerate immediately by placing a layer of cracked ice on the rubber sheeting, putting the leg on the ice and then covering the entire extremity with ice from the toes to 2 inches proximal to the tourniquet (fig. 1). Raise the head of the bed and place the lower end of the rubber sheet

Read before the Seventy-First Annual Meeting of the Florida Medical Association, St. Petersburg, April 13, 14, 1944.

in a pail to facilitate drainage of the melting ice. The ice should be replenished during the period of administration to be sure the extremity is entirely surrounded by it at all times. If the amputation is below the knee, the leg may be put in a high pail.

To obtain the necessary degree of refrigeration, ice should be applied as follows:

Low or mid thigh	2½ hours
Upper third of leg	2 hours
Lower leg	1½ hours
Toe or metatarsal	1 hour

The ice is not removed until the operation is begun (fig. 2). Duration of the anesthesia is approximately one hour. This method of anesthesia does not limit the type of operation which may be necessary. When the ice has been removed the leg is dried quickly without rubbing, prepared as desired and draped (fig. 3). The amputation is then carried out.

The tourniquet is retained until the main vessels are tied off. Then it is released and all bleeding is stopped before closure of the stump (fig. 4). Drainage is used in the presence of infection, or may be used in clean cases if there has been difficulty in controlling the oozing (fig 5). A gutta-percha drain is used and left for a period of six to seven days until the first dressing is done.

A light but snug bandage is applied, and then a posterior splint may be used at the discretion of the operator. Cellophane or oiled silk may be used to protect the part against infection when unsterile ice is used. Ice bags are applied, one being removed after twenty-four hours and the remainder at twelve hour intervals so that at seventy-two hours all ice has been removed.

As low temperature delays healing, sutures are not removed until twelve or fourteen days have elapsed.

A report of three cases of amputation with refrigeration anesthesia is presented.

REPORT OF CASES

Case 1.—On April 3, 1943, a Negro laborer, aged 38, was admitted to the hospital through the accident ward. He gave a history of having stuck a tack in his left foot while at work about two weeks previously. During the week preceding admission to the hospital, a blister became apparent on the great toe of his left foot and was accompanied by pain and swelling. For the last three months he had noticed great thirst, fondness for sweets and polyuria, but no change in weight.

Physical examination disclosed a well developed Negro man apparently in no acute pain. The blood pressure was 170 systolic and 92 diastolic, and the temperature was 100.4 F. The pulse rate was 108, and the respiratory rate was 22. The great toe of the left foot was acutely



Fig 1. This photograph shows the leg surrounded by ice and wrapped in rubber sheeting when the patient is brought to the operating room.



Fig. 2. Removal of the rubber sheeting shows the extremity surrounded by a thick layer of ice. The tourniquet is seen projecting through the ice layer.



Fig. 3. This extremity, described in case 2, has had the ice removed and is ready for preparation for operation. It clearly illustrates the close proximity of the point of amputation and the area of involvement, which undoubtedly was the cause of the infection in this case.

swollen, and there was a fluctuant area on its dorsal surface. Pulsation was present in each dorsalis pedis artery. The urine gave a 4 plus reaction for sugar, and the sugar content of the blood was 195.8 mg. per hundred cubic centimeters. The hemoglobin estimation was 77 per cent, the red blood cell count was 4,100,000, and the white blood cell count was 18,200. The blood Kahn reaction was negative.

Warm wet dressings were applied to the foot, and insulin and a diabetic diet were prescribed. On April 5, the surgical service was called in consultation when a diagnosis of diabetic gangrene was made. Ice bags were applied to the foot, and their application was continued until the morning of April 7, when the foot and ankle were packed in ice without a tourniquet for one hour. A tourniquet was then applied to the ankle for another hour, and an extensive debridement of the foot was done. As a culture was reported positive for Clostridium welchii, the tourniquet at the ankle was not removed, permission for amputation was obtained, and refrigeration of the entire leg up to the midthigh was begun. A disarticulation of the knee was carried out under refrigeration anesthesia. No attempt was made to close the wound, dressings were applied, and ice bags were placed about the stump.

The patient had been given nembutal before the operation and was drowsy, but he experienced no feeling of pain whatsoever during the procedure. The pulse rate before operation was 134 and at the close 84. The blood pressure remained at 115 systolic and 70 diastolic. At the beginning of the operation the sugar content of the blood was 326 mg. per hundred cubic centimeters, and twenty-four hours later it was 228 mg.



Fig. 4. This photograph shows the stump after amputation and emphasizes the absence of hemorrhage.



Fig. 5. The stump is shown at completion of the operation with a rubber tissue drain inserted.

The pathologist's report of the amputated leg showed the cultures distal to the tourniquet at the left ankle to be positive for Clostridium welchii while those proximal were negative. Large amounts of B. welchii antitoxin were given. Ice bags were removed after seventy-two hours, and stockinette skin traction was applied to keep the skin from retracting. As far as can be learned, this is the first case of infection with B. welchii treated by refrigeration and a tourniquet. The tourniquet was on the ankle from 8 a.m. until the leg was removed about 3 p.m., a period of seven hours, during which time the infection had not passed the tourniquet at the ankle. This fact was proved by the pathologist's examination proximal to the tourniquet.

The first dressing, on April 9, showed the stump to be in good condition, and the patient had no complaints. There was no evidence of gas gangrene of the disarticulated stump, but there was slight purulent drainage. After three weeks the diabetes was well under control, and as the stump seemed clean, he was scheduled for reamputation. On May 1, refrigeration anesthesia was used as in the previous operation, and nembutal, grains 1½, was given preoperatively. At operation necrotic-appearing tissue was removed, the patella was resected, the skin edges were freshened, and the lower 2 or 3 inches of the femur were sawed off. The patient felt no pain, but had a burning sensation when the femoral nerve was injected with absolute alcohol. There was no pain on clamping or pulling on the nerve. A small amount of pus was found near the patella, but the wound was closed over and a rubber tissue drain was inserted the length of the stump. Refrigeration was applied for seventy-two hours following operation. On May 3, when the wound was dressed, slight infection was present, which persisted, and on May 29 the wound broke down completely exposing the bone. Wet dressings were applied, the infection rapidly cleared up, and clean granulation tissue covered the end of the stump. This defect was covered over with a skin graft, and the patient left the hospital in good condition.

Case 2.—A white housewife, aged 72, was admitted to the hospital April 3, 1943, on the orthopedic service, at which time she had a fracture of the neck of the right femur, the distal third of the right radius and the lower end of the right ulna. A chronic ulcer and osteomyelitis of the external malleolus of the right tibia were present. A subtrochanteric osteotomy was performed on the right femur, and a cast was applied. The fracture of the arm was reduced and splinted. On April 28, twenty-five days after admission, gangrene of the great toe of the left foot became apparent, and the surgical service was called in consultation. The patient was in poor condition, being extremely toxic, and at that time it was believed that conservative treatment should be used. The gangrene, however, continued to spread until it involved not only the great toe, but also the second and third toes. Pulsation was not obtained from the posterior tibial and dorsalis pedis arteries; pulsation of the popliteal artery was present. As the failure of conservative treatment was evident, amputation seemed the only hope. The patient was a very poor operative risk as she was in a comatose state and would not respond to take nourishment. The temperature varied from 100 to 101 F., and the pulse rate varied from 90 to 100. The urine was normal except for occasional granular casts. The red blood cell count was 4,100,000, the white blood cell count was 12,200, and the hemoglobin estimation was 70 per cent.

On May 17, refrigeration anesthesia was carried out as previously described (fig. 3), and the operation was performed in its entirety under this anesthesia. No sedation was given preoperatively. A classical type of amputation with long anterior and short posterior flaps was done approximately 7 inches below the kneecap. After the removal of the infected stump, the nerves were pulled down and injected with absolute alcohol, and vessels were tied off. The tourniquet was removed, and

a few oozing points were clamped and tied off. There was approximately half an ounce of blood lost. The muscle fascia flap was brought together with interrupted chromic sutures, the skin was closed with interrupted cotton sutures, and a rubber tissue drain was placed the length of the wound. The wound was dressed with a small layer of gauze and oiled silk.

The patient experienced absolutely no discomfort nor shock during the operation. At the beginning of the operation, the blood pressure was 130 systolic and 80 diastolic, and at the close it was 150 systolic and 90 diastolic. The pulse rate and the respiratory rate remained constant.

Upon the return of the patient to the room, five ice bags were placed about the stump, one beneath it, one on each side, one at the end and one at the top. These bags were held in position by a rubber sheet, and the ice was changed every two hours by replacing them with freshly filled bags so that the patient was at no time without sufficient refrigeration. The afternoon following the operation there was great improvement in the mental facilities of the patient, and she recognized her family for the first time in several days. After seventy-two hours, ice bags were discontinued, the stump was dressed and the rubber tissue drain was removed. The patient was much brighter, rational and less toxic. Following the operation, there was a slight elevation of temperature, which was the result of infection of the wound, and as a consequence, the wound completely disrupted on the tenth postoperative day. It was left wide open with wet dressings. The infection gradually cleared up, and the edges of the wound were brought over with adhesive traction. Later, the wound was closed over with a partial thickness skin graft, and the patient was discharged from the hospital in good condition.

Case 3.—An American Negro laborer, aged 61 years, was admitted to the hospital on Dec. 13, 1943. The general history revealed that he was diabetic and that two years previously he had had an amputation of the left leg just below the knee for diabetic gangrene. For the last two months before admission he had had a painful great toe of the right foot, and during the week prior to admission the toe had become dry and discolored. The patient had not been on a regular diabetic regimen.

Physical examination revealed a temperature of 103 F. and a blood pressure of 130 systolic and 60 diastolic. A soft blowing systolic apical murmur, transmitted widely, and slight cardiac enlargement to the left and down were present. The left leg had been amputated 2 inches below the knee; the stump, well healed and not tender, showed signs of atrophy. The right foot presented a dry gangrene of the great toe with no line of demarcation. The foot was cold to touch, pulsation of the dorsalis pedis artery was absent, and pulsation of the popliteal artery was faint. The blood count was normal. The urine was normal except for 2 to 4 pus cells per high power field; there was no evidence of sugar or acetone. The sugar content of the blood was 148 mg. per hundred cubic centimeters.

The patient was given a diabetic diet and protamine zinc insulin. On December 21, at which time slight edema and erythema of the other toes and dorsum of the foot and infection of the gangrenous area were noted, an incision and drainage of the foot were recommended with amputation if the infection failed to clear up.

On December 23, wide incision and packing with iodoform gauze were done under ice anesthesia. The patient had been running an intermittent fever with maximum elevation of 103.6 F. prior to the incision and drainage, which persisted. The following day a foul seropurulent drainage was present. This persisted, and after three days the infection began to spread, the gangrenous infected process involving all toes and swelling and erythema progressing up to the junction of the middle and upper one-third of the leg. Sugar and acetone were not present in the urine, and the leukocyte count at this time was 19,950, with juveniles 2, stabs 38, and segmented forms 53.

The patient was prepared for amputation by refrigerating the extremity for two hours according to the method described. Morphine 1/4 grain and atropine 1/150 grain were given hypodermically forty-five minutes before the operation because of the patient's apprehension. A fish mouth amputation at the junction of the lower and middle third of the thigh was performed. Five grains of sulfathiazole was dusted into the wound, and the skin was closed with interrupted silk sutures. No drains were used. The patient complained of no pain nor discomfort during the operation. The wound was lightly dressed and for seventy-two hours ice bags were applied to the stump continuously. There was no evidence of shock or cardiac decompensation. The appetite was good, and neither sedatives nor narcotics were necessary postoperatively.

The patient had an excellent operative day. The temperature dropped to normal in twelve hours and remained normal except for temporary elevation to 100.6 F. on the sixth postoperative day. At this time the wound was inspected and found to be clean and healing. Again on the tenth postoperative day the temperature rose to 101 F., and there was moderate induration on the medial angle of the wound. Two sutures were removed, and about 15 cc. of odorless serosanguineous discharge was expressed. On the eleventh postoperative day the temperature dropped from 100.2 F. to normal and remained so. The rest of the sutures were removed on the fourteenth postoperative day when there was no drainage and the induration on the medial angle of the wound was subsiding. The patient was allowed up on the fifteenth postoperative day and had no complaints. He was discharged in good condition.

DISCUSSION OF CASES

These cases demonstrate well the advantages of this type of anesthesia. In the two diabetic patients no interruption of the regimen was necessary. Insulin was given as usual, meals were partaken of before and after the operation, and no nausea nor vomiting occurred. Appetite was improved. No large amount of sedation, which might have affected the intake of food and fluids, was necessary.

Anesthesia was successfully obtained in each case. There was lack of any evidence of shock. Infinitesimal loss of blood occurred, and quick recovery followed the operation.

In 2 of these cases infection of the wound followed the amputation. At reamputation following the disarticulation in the case of gas gangrene, a pocket of pus was found which was the cause of the subsequent infection of the stump. In the second case, because of a hip spica, the amputation was done at a low level in close proximity to the osteomyelitis, the ulcerated portion of the skin, and the infected area. Undoubtedly, this nearness resulted in and accounted for the infection which appeared. No infection of the wound developed in the third case as amputation was done at a sufficient distance. It is not believed that infection in these cases can be attributed to the form of anesthesia.

It is interesting to note that in the case of gas gangrene the pathologist's report showed that there had been no spread of the infection beyond the point where the tourniquet had been applied about the ankle after the foot had been refrigerated. This finding emphasizes the value of refrigeration in the prevention of the spread of infection.

SUMMARY

A short review is given of the reduction of temperature as a therapeutic measure.

A method of refrigeration anesthesia is detailed, and the advantages are discussed.

A report of three cases is presented, illustrating the method, its application and value.

REFERENCES

Refrigeration Experiments

Allen, F. M.: Local Asphyxia and Temperature Changes in Relation to Gangrene and Other Surgical Problems, Tr. A. Am. Physicians **52**: 189-194, 1937

Allen, F. M.: The Tourniquet and Local Asphyxia, Am. J. Surg. **41**: 192-200 (Aug.) 1938.

Allen, F. M.: Resistance of Peripheral Tissues to Asphyxia at Various Temperatures, Surg., Gynec. & Obst. **67**: 746-751 (Dec.) 1938.

Allen, F. M.: Surgical Considerations of Temperature in Ligated Limbs, Am. J. Surg. **45**: 459-464 (Sept.) 1939.

Allen, F. M.: Physical and Toxic Factors in Shock, Arch. Surg. **38**: 155-180 (Jan.) 1939.

Allen, F. M.: Reduced Temperatures in Surgery; Experiments on Pelvic and Abdominal Refrigeration with Especial Reference to Traumatic and Military Surgery, Am. J. Surg. **55**: 451-466 (Mar.) 1942.

General Clinical Review, Including Work of Temple Fay

Smith, L. W.: The Use of Cold in Medicine, Ann. Int. Med. **17**: 618-636 (Oct.) 1942.

Treatment of Shock

Fay, T.: Cooling in Shock, J. A. M. A. **121**: 1109 (Mar 27) 1943.

Allen, F. M.: Reduced Temperatures in Shock Treatment, Am. J. Surg. (To be published).

Blalock, A.: Effects of Lowering Temperature of an Injured Extremity to Which a Tourniquet Has Been Applied, Arch. Surg. **46**: 167-170 (Feb.) 1943.

Refrigeration in Surgery

Allen, F. M.: Reduced Temperatures in Surgery; Surgery of Limbs, Am. J. Surg. **52**: 225-237 (May) 1941.

Allen, F. M.: Refrigeration Anesthesia for Limb Operations, Anesthesiology **4**: 12-16 (Jan.) 1943.

Allen, F. M., and Crossman, L. W.: Suggested Uses of Refrigeration Anesthesia, Including War Surgery, Arch. Phys. Therapy **23**: 711-718 (Dec.) 1942.

Allen, F. M., and Crossman, L. W.: Refrigeration in Amputations for Gangrene, Tr. A. Am. Physicians **57**: 320-325. 1942.

Allen, F. M., and Crossman, L. W.: Tourniquet and Refrigeration in War Injuries, Bull. Am. Coll. Surgeons **28**: 53, 1943.

Allen, F. M., and others: Refrigeration Anesthesia, J. Internat. Coll. Surgeons **5**: 125-130 (Mar.-Apr.) 1942.

Bancroft, F. W.; Fuller, A. G., and Ruggiero, W. F.: Improved Methods in Extremity Amputations for Diabetic Gangrene, Am. Surg. **115**: 621-627 (Apr.) 1942.

Crossman, L. W., and others: Refrigeration Anesthesia, Anesth. Analg. **21**: 241-254 (Sept.-Oct.) 1942.

Crossman, L. W.; Ruggiero, W. F.; Hurley, V., and Allen, F. M.: Reduced Temperatures in Surgery; Amputations for Peripheral Vascular Disease, Arch. Surg. **44**: 139-156 (Jan.) 1942.

Crossman, L W., and Hurley, V.: Embolism of the Femoral Artery; a Case Report, J. Internat. Coll. Surgeons **5**: 171-173 (Mar.-Apr.) 1942.

Gordon, J. D.: Refrigeration Box for Amputation, Am. J. Surg. **58**: 453-455 (Dec.) 1942.

Handbook on Amputations, Publication Authorized by Council on Physical Therapy, Am. Med. Assn., 1942.

Kennedy, J. A.: A Technic and Device for Application of Ice Anesthesia for Amputation of Extremities, U. S. Nav. M. Bull. **41**: 226-230 (Jan.) 1943.

Lesser, A., and Glasser, S. T.: Refrigeration Anesthesia in Amputations, with Report of Cases, Bull. Am. Coll. Surgeons **28**: 53-54, 1943.

McElvenny, R. T.: The Effect of Cooling Traumatized and Potentially Infected Limbs, Surg., Gynec. & Obst. **73**: 263-264 (Aug.) 1941.

McElvenny, R. T.: The Present Status of Cooling Limbs in Preparation for Surgical Procedures, Am. J. Surg. **58**: 110-112 (Oct.) 1942.

Maquivar, M.: Un Caso de Amputaci on de Muslo Usando Como Unico Anestesico la Refrigeracion, Rev.. Med. d. Hosp. gen. **4**: 833-838 (Jan. 15) 1942.

Mock, H. E., Jr.: Refrigeration Anesthesia in Skin Grafting, Bull. Am. Coll. Surgeons **28**: 56, 1943; J. A. M. A. **122**: 597-598 (June 26) 1943.

Newman, M. E.: Hypothermic Anesthesia; Use in Surgery of the Extremities, Arch. Phys. Therapy **23**:357-362 (June) 1942.

Rupp, N. H.: Modern Concepts of Refrigeration Anesthesia, Anesth. & Anal. **22**: 46-51 (Jan.-Feb.) 1943.

Freeman, N. E.: Influence of Temperature on the Development of Gangrene in Peripheral Vascular Disease, Arch. Surg. **40**: 326-333 (Feb.) 1940.

Schiebel, H. M.: The Use and Evaluation of Anesthesia by "Freezing" for Surgery of the Extremities in Diabetic Patients: Case Report, North Carolina M. J. **3**: 227-229 (May) 1942.

Smith, W. E.: Refrigeration of Gangrenous Extremities Before Amputation; Report of Case, Ohio State M. J. **38**: 826-829 (Sept.) 1942.

Haley, E. R.: Arteriosclerotic Gangrene; Report on Refrigeration Prior to Amputation, Arch. Surg. **46**: 518-524 (Apr.) 1943.

Frost-Bite and Other Lesions Caused and Treated by Cold

Allen, F. M.; Crossman, L. W., and Safford, F. K.: Reduced Temperature Treatment for Burns and Frost-Bite, New York State J. Med. (To be published).

Bigelow, W. G.: The Modern Conception and Treatment of Frost-Bite (Survey and Discussion of Literature), Canad. M. A. J. **47**: 529-534 (Dec.) 1942.

Lewis, T.: Swelling of Human Limbs in Response to Immersion in Cold Water, Clin. Sc. **4**: 349-360 (Dec.) 1942.

Ungley, C. C., and Blackwood, W.: Peripheral Vasoneuropathy After Chilling; "Immersion Foot and Immersion Hand," with Note on Morbid Anatomy, Lancet **2**: 447-451 (Oct. 17) 1942.

White, J. C.: Vascular and Neurologic Lesions in Survivors of Shipwreck; Immersion-foot Syndrome Following Exposure to Cold, New England J. Med. **228**: 213-222 (Feb. 18) 1943.

Treatment of Burns

Fay, T.: Cooling in Shock, J. A. M. A. **121**: 1109 (Mar. 27) 1943.

Elman, R.; Cox, W. M., Jr.; Lischer, C. E., and Mueller, A. J.: Mortality in Severe Experimental Burns as Affected by Environmental Temperature, Proc. Soc. Exper. Biol. and Med. **51**: 350-351 (Dec.) 1942.

Allen, F. M.; Crossman, L. W., and Safford, F. K.: Reduced Temperature Treatment for Burns and Frost-Bite, New York State J. Med. (To be published).

Fralick, E. H.: Hypothermia in Military Practice, M. Clin. North America **27**: 1166-1177 (July) 1943.

108 East Central Avenue.

DISCUSSION

Dr. W. C. Blake, Tampa: Since I am not a surgeon, I am not qualified to discuss the purely surgical aspects of operative procedure carried out under refrigeration anesthesia. In my field, the main use of this method of producing anesthesia is in connection with diabetic gangrene. My only experience with it is limited to 1 case of diabetic gangrene. In this one instance it worked well.

With diabetic patients the chief advantages lie in the relative absence of shock and postoperative reactions. The patient is, in consequence, allowed to continue on the fixed diet, and the uninterrupted dietary regimen and insulin dosage make control of the disease much easier.

Of particular interest from the anesthetic standpoint is the introduction of an entirely new principle. The anesthesia of protoplasm produced by refrigeration is in contrast to the anesthesia of nerves only, which is produced by all other methods. As an anesthetic agent cold becomes a direct protoplasmic depressant, reducing the temperature of each individual cell of the part to be anesthetized rather than having a selective action primarily for nervous tissue. In so doing, it reduces the metabolism of the cell to a minimum. The reduced temperature does, however, retard healing along with all other tissue activities.

The method doubtless has great possibilities, but present indications and contraindications are not clearly established. Its greatest value at present would seem to

be that amputation in debilitated patients could be undertaken with a minimum degree of shock. In those cases inoperable by any other method, in patients who are poor surgical risks and in those with whom the element of shock is a paramount consideration, refrigeration anesthesia appears to be worthy of trial.

LT. COL. H. R. ZIEGLER, Orlando: This presentation of Dr. McEwan has been most interesting to me, and I have very little to add to his remarks. The method has been in use in Rochester, N. Y., about four years, and experience there parallels that described this morning. My associates and I have found it to be particularly advantageous, as pointed out, in the older age groups and among diabetic patients. It is questionable as to this method having any great advantages in younger persons undergoing formal elective amputations.

Other Uses.—Of even greater interest in the last year or two has been the application of the method in the treatment of other conditions, particularly those of trauma to the extremities. Wherever there is any indication of interference with the blood supply either complete or partial as a result of trauma, the use of refrigeration with or without application of a tourniquet has proved most beneficial. In general, the principle of reducing the metabolism of the part by means of refrigeration to the level at which the reduced oxygen supply resulting from impairment of the circulation is adequate, allows a wide application. Injuries complicated by damage to the main vessels or peripheral reflex vasospasm can thus be tided over a critical period. In such injuries the relief from pain and swelling is often dramatic.

There has been a great crusade in the present world conflict against the use of tourniquets in the control of hemorrhage. The real harm from such tourniquets is not the local damage to main vessels and nerves at the site of application, but to the resulting deficient supply of blood distally. The tissues distal to the tourniquet functioning at their normal metabolic rate actually suffer from a relative anoxemia. Capillary endothelium is particularly sensitive in this respect. It suffers irreparable damage so that when the tourniquet is subsequently released, excessive fluid leaks out of the vascular bed producing swelling, and a condition of shock frequently results. If the extremity is placed in ice at the time of application of the tourniquet, the resulting lowering of the tissue metabolic rates with a very low oxygen requirement offsets a great deal of the damage done not only to the capillary endothelium, but to all tissues of the extremity. Subsequent removal of the tourniquet does not produce any of the harmful effects seen heretofore.

We have used refrigeration in a wide variety of injuries and have never seen any harmful effects from its use. Is is invaluable in treating frostbite and immersion foot without, of course, the use of a tourniquet. It would be a valuable anesthetic agent to a surgeon working alone in caring for such conditions of the hands, fingers and feet, when the use of a tourniquet would supply a bloodless anesthetic field for surgical treatment without the necessity of a second person administering an anesthetic.

Case Report.—A patient 26 years of age was admitted to the hospital during the midafternoon with an injury to the ankle and a severe head injury. The ankle injury consisted of a fracture dislocation of the astragalus, which was turned completely sideways on the ankle joint and either by direct pressure or by reflex vasospasm had produced a pulseless foot, which was cold and cyanotic below the level of the ankle. The patient was in a deep coma and remained so for about twelve hours. The presence of the head injury contraindicated any anesthesia for the purpose of reducing the fracture dislocation, and without this, it was realized that the circulation of the foot could not be improved. The whole lower leg was, therefore, packed in ice, and novocaine injection of the lumbar sympathetic was done. This resulted in the development of a normal pink color of the involved foot and permitted postponement of local treatment of the ankle injury until the patient had shown some recovery from the head injury. About thirty-six hours later his condition was so improved that an open reduction and excision of the astragalus were done. This measure failed to improve the circulation of the foot; so refrigeration combined with sympathetic injection was continued for another forty-eight hours, following which the circulation remained adequate.

Unquestionably, the postponement of the local treatment of the ankle injury in this patient, which was necessary because of the associated head injury, would have resulted in the loss of a considerable portion of his foot had not refrigeration combined with sympathetic injection been utilized.

DR. MCEWAN (concluding): I should like to thank Dr. W. C. Blake and Col. Hrolfe Ziegler for their excellent discussions and for the additions which they have made to this paper.

Dr. Lyman Crossman of New York City has reported that a portable refrigeration machine can now be obtained which enables the entire method to be carried out under absolute control without the use of ice. The ice method, however, is simple, and there is no difficulty in training the nursing staff in its use.

This mechanical means of refrigeration has also been devised for application to Army ambulances and airplanes, but as yet, it has not been adopted.

SARCOMA OF THE UTERUS

JOHN K. TURBERVILLE, M. D.
CENTURY

Sarcoma of the uterus is a malignant tumor originating in the mesoblastic structures. It is the rarest form of new growth of the uterus, comprising about 2 per cent of all uterine tumors and about 5 per cent of the malignant growths.

Most authors give as the relative incidence of sarcoma of the uterus to carcinoma of the uterus about 1 to 40. The frequency with which sarcomatous transformation occurs in a myoma is a point of practical importance, as in the opinion of most observers it occurs in 1 per cent of all myomas. This figure was arrived at from the study of large series of cases in some of the large clinics where a pathologic study was made on all myomatous uteri removed by operation.

SITE

Of 30 cases of uterine sarcoma recorded by Vogt, 28 were corporeal and 2 cervical. Similarly, of 16 cases recorded by Krukenberg, 11 were corporeal and 5 cervical. The proportion in Gessner's cases was 8 to 1, in Myers' 29 to 1 and in Piquandi's 4 to 1. These figures clearly prove the preponderance of corporeal over cervical sarcoma. It is worthy of note that the proportion is similar to that of corporeal and cervical myoma, while it is exactly the converse of that relating to corporeal and cervical carcinoma.

Read before the Escambia County Medical Society, Pensacola, March 9, 1943.

The relative proportions of interstitial, submucous and subserous sarcomas are differently given, but as might be expected, the intramural growths tend to predominate.

CLASSIFICATION

The growths which, like carcinoma of the organ, may consist of a fungoid outgrowth or of an infiltrating mass, presents a generally uniform homogenous structure in contrast to the alveolar formation of carcinoma. In sarcoma, the parenchyma of the tumor is richly vascularized, carrying its own blood supply, whereas in cancer, the blood vessels are contained only in the fibrous septums. Furthermore, in sarcoma the individual cells resemble the connective tissue cell type, while in carcinoma they are epithelial in character.

Sarcomas of the uterus may naturally be grouped as corporeal and cervical. They are further divided according to location and designated as (1) parenchymatous and (2) mucosal. The first group includes the sarcoma arising in the uterine wall and also that arising in a preexisting myoma. Taken together, they constitute the majority of all sarcomas of the uterus. The morbid anatomy of these tumors is of (1) a diffuse or infiltrating variety and (2) a circumscribed or polypoid form, thus providing a further subdivision. The main characteristics may be tabulated as follows:

I. Sarcoma of the Corpus Uteri
 A. Parenchymatous Sarcoma
 a. Arising in the muscular wall, diffuse or infiltrating, and circumscribed.
 b. Arising in a preexisting myoma
 B. Sarcoma of the Endometrium
 a. Diffuse
 b. Circumscribed.
II. Sarcoma of the Cervix Uteri
 A. Parenchymatous, of the portio vaginalis
 B. Mucosal, diffuse polypoid

SARCOMA OF THE CORPUS UTERI

Parenchymatous Sarcoma:- Parenchymatous sarcomas, like innocent myomas, occur mainly as corporeal tumors. Only 12 per cent arise in the cervix, and again, like myomas, they may be interstitial, submucous or subserous in situation.

Diffuse Form:- The diffuse parenchymatous variety is the rarest of all uterine sarcomas. This type may attain great size. The enlargement is uniform, so that the uterus may resemble the gravid organ; the pregnant state may further be simulated by dilatation of the blood vessels and lymphatics of the broad ligaments. The growth is of a bluish color, often very friable, and produces a general thickening and softening of the uterine wall.

Circumscribed Form:- This form closely resembles a myoma in many of its features. Circumscribed nodules of sarcoma arising in the uterine wall are often more or less capsulated. They admit of a topographic subdivision like myoma. In submucous or interstitial situations, they exist as distinct roundish tumor-like masses of variable size and consistency. When they are submucous, they may become polypoid, or even papillary. While remaining interstitial, these discrete nodules are of no great size, but the analogy with myoma thereafter breaks down. By increasing rapidly, they invade the mucosa and thus become indistinguishable from tumors originally submucous or from primary endometrial growths. This type provides some of the "recurrent polyps."

Arising in a Preexisting Myoma:- Formerly many pathologists maintained that all parenchymatous sarcomas arise from and within preexisting myomas. This view was held by Virchow, Rokitansky and Schroeder. For a time the pendulum swung in the opposite direction, and an innocent myoma was denied the faculty of becoming malignant except by invasion from a coexisting malignant tumor. Williams stated that sarcomatous change is less prone to originate in myomas than in the morphologic elements of the uterus itself and that this observation is equally true for myomas in other parts of the body. But the natural history of a myoma, the cell types of which are the embryonic fibroblasts and lioblasts, would not be complete without the faculty of demonstrating malignant metaplasia. It is now recognized that a myoma may exhibit three distinct types of malignant disease. These take the form of:

1. Malignant leioma, a highly cellular growth composed of young unstriped muscle cells and capable of producing metastases although not histologically malignant.

2. Sarcoma formed from muscle cells by malignant metaplasia and sarcoma formed from the intermuscular connective tissue.

3. Endothelioma and periendothelioma types of sarcoma of lower malignancy arising from the blood vessels and lymphatics of the myoma.

Sarcoma of the Endometrium: Diffuse Form:- This variety is not so common as the circumscribed form. The disease starts at or near the fundus, whence it spreads to involve the whole mucosa as far as the internal os. The growth sometimes becomes uniformly enlarged, as it does in the diffuse mural type, and it comes to

resemble the pregnant uterus. The surface of the growth may be partly shaggy, party smooth and nodular. In color it is yellowish pink until hemorrhage and necrosis intervene, when it may be stained brownish purple.

Circumscribed Form:- Circumscribed sarcoma of the endometrium generally starts in the deep layers. From such an origin, the growth usually extends into the uterine cavity where it eventually forms a soft, polypoid mass, the smooth surface of which may be felt upon examination through a partially dilated os. When seen at this stage through a speculum, it appears as a shiny, dark red structure. Later on, owing to the stasis and compression produced during extrusion, it may become a dark, ragged, sloughing, stringy mass, emitting a foul odor and producing a copious, thin, offensive discharge.

SARCOMA OF THE CERVIX UTERI

Parenchymatous Sarcoma:- This form of the disease may be scarcely distinguishable in the initial stage from an erosion. Even microscopically there may at first be no definite characteristics. Later on, a hard firm growth develops, more often on the posterior cervical lip. It resembles a cauliflower excrescence, but is firmer in consistency and has a smoother surface than the corresponding type of carcinoma.

Mucosal Sarcoma: Diffuse Polypoid Form:- Like that of the corpus, sarcoma of the cervical endometrium has also been described as both diffuse and circumscribed. The diffuse form is probably merely an extension from the diffuse corporeal variety, which on rare occasions spreads into the cervix beyond its own confines. The endometrial growth is the so-called "grapelike" sarcoma. This peculiarly characteristic tumor is a multiple polypoid growth, composed of a collection of round grapelike vesicles connected in irregular series or attached to the uterine wall by deliberate stalks. Its progress is rapid, and it may fill and distend the vagina. It is met with in infancy, at puberty and subsequently at the climacteric. In most cases it occurs in persons under 20 years of age and in those who have experienced the menopause. Rarely is it present in the intervening period.

CLINICAL FEATURES OF SARCOMA OF THE UTERUS

Uterine sarcoma may remain quiescent, growing very slowly for a period of time, and then it may develop rapidly. Subsequently, it may produce widespread local extensions of growth, pushing toward the peritoneum and into the parametric tissues, also becoming submucous and distending the cavity of the uterus. In the latter case, the uterus may express portions of the growth through the cervical canal in the form of polypi. True metastasis in glands and distant organs may occur, but this manifestation of malignancy occurs later with sarcoma than with carcinoma. The transference of sarcomatous elements to a distant organ takes place by both blood and lymph streams.

Most recurrences after operation are local and regional. Secondary deposits are relatively uncommon, so that if the local growth can be completely removed, the prospect of cure is better than it is in the case of epithelioma and adenocarcinoma. Physical examination reveals a uterine tumor, which in a large percentage of cases is regarded as a myoma. This observation applies not only to a sarcoma starting in a myoma, but also to a growth arising in the uterine wall. As the result of rapid growth, both mural and mucosal sarcomas are prone to produce a uniform enlargement of the uterus. The whole organ becomes soft and resembles the organ in the gravid state. Sarcoma gives rise to a much larger tumor than carcinoma. The enlargement, at first uniform, may give place to local bulging and even to actual rupture into the peritoneal space. This may lead to the formation of abscesses in the cul-de-sac. These protrusions may invade the coils of the intestines and produce stricture. The process may produce pyometra and hematometra.

SYMPTOMS

It is often exceedingly difficult and also clinically unnecessary to separate the syndrome of a sarcoma of the mucous membrane from that of a sarcoma of the wall of the uterus. The symptoms common to both are hemorrhage, discharge, pain and early cachexia and anemia. The hemorrhage occurs in connection with menstruation, but as the disease advances, may appear at irregular intervals. It is usually profuse. The intervals between hemorrhages are characterized by a profuse, serous, light red discharge of fetid odor. The pain is intermittent, caused by the efforts of the uterus to expel the contents by contraction of its walls. As the tumor enlarges, pains occur, caused by pressure, which interferes with the function of the bladder and rectum. A rapid increase in the size of a uterine myoma, with exacerbation of the hemorrhage and pain, always indicates the onset of a degeneration of the tumor. The occurrence of cachexia and pro-

nounced anemia, even in the absence of uterine hemorrhage, should lead one to suspect a malignant disease.

PROGNOSIS

The prognosis of sarcoma of the uterus is usually considered as grave. One might conclude that it is good in the cases of hysterectomy for myoma in those in which a small early sarcomatous area is found at operation, because, as stated earlier, these tumors are usually slow in metastasizing.

TREATMENT

Complete hysterectomy with subsequent deep roentgen therapy is the most satisfactory method of dealing with these tumors. In the inoperable cases, radium and roentgen therapy combined probably comprise the wisest choice of treatment.

ABSTRACTS OF MEDICAL ARTICLES

SYMPTOMATIC PILONIDAL CYST; OPERATIVE TREATMENT, CAMP, MILTON N., AND POLITES, NICHOLAS, CAMP POLK, LA., AM. J. SURG. **59**: 541-545 (MAR.) 1943.

A series of 50 cases of symptomatic pilonidal cyst treated surgically at the Station Hospital, Camp Polk, La., is reported. Details of the preoperative, operative and postoperative treatment are described. The patients were soldiers whose average age was 25 years. The pathologic condition varied from a single draining sinus to a previously operated cyst with sinuses, and the average length of time symptomatic pathologic changes had been present was one year.

Adequate preoperative preparation is stressed, including in particular hot saline sitz baths for fifteen or twenty minutes two or three times daily to minimize infection. The average length of the period of preoperative treatment was ten days.

The operative method of choice in this series was excision followed by complete closure of the wound. At first, excised pilonidal wounds were left open, allowing healing to take place by granulation and epithelization. A few were partially closed, but both methods gave unsatisfactory results. Complete closure, however, effected greatly improved results, as reflected in the average total period of hospitalization. Without closure it was seventy-four days in 8 completed cases, with partial closure it was ninety-three days in 4 completed cases; with complete closure it was forty-five days in 22 completed cases. In 64.8 per cent of the cases with complete closure healing took place entirely by primary intention.

Lateral traction of the buttocks was maintained during the operation. By making the skin tense this measure aided in minimizing the width of the excision wound and helped to prevent undermining of the skin.

Before closure was made, complete hemostasis of the excised pilonidal wound was obtained. In the closure, dead space was eliminated by placing deep sutures and retention sutures beneath the sacrococcygeal ligaments. The latter were left in place eight or ten days when possible. It was observed that the sifting of powdered sulfanilamide throughout the wound closure usually prevented infection.

As a precautionary measure at the time of discharge from the hospital, duty was requested for two weeks of such a nature that the patient could avoid motorcycle or truck driving and excessive walking. In this series of cases no patient had returned with a recurrence of the cyst.

REDUCTION OF MANPOWER LOSS FROM GONORRHEAL URETHRITIS BY EARLY APPLICATION OF FEVER-CHEMOTHERAPY, PHILLIPS, KENNETH, AND MUNDORFF, ALICE B., U.S.N.R., ARCH. PHYS. THERAPY **25**:150-154 (MAR.) 1944.

An analysis of 1,808 cases of gonorrheal urethritis is presented with respect to manpower loss during active warfare. In 1,783 of these cases the patients were admitted over a period of twenty months to the venereal wards of a large United States naval hospital and received first a trial treatment of the conventional type. Those in whom this therapy failed received one of three other types of treatment. Since the conventional therapy was unavailing in the patients who received fever therapy, 25 patients from civilian practice who received artificial fever-chemotherapy as the primary treatment were included in the study for comparison.

There was a mean average of 62.5 days from admission of the patient until his return to duty for the 1,783 patients receiving routine conventional therapy. For 50 patients receiving in addition foreign protein in triple X (Navy) typhoid vaccine because of failure of response to the conventional routine, the average length of the period of hospitalization per patient for the group was 47.3 days; for 116 receiving chemotherapy and fever (104 F. for four hours, six sessions) it was 40.2 days; for 103 receiving chemotherapy and fever at higher levels (106 F. for four hours, two sessions) it was 22.1; and for 25 receiving immediate chemotherapy and fever (106 F. for four hours, one or two sessions) it was 11 days.

The dramatic reduction with the combined therapy used in early cases led the authors to conclude that chemotherapy combined with fever therapy administered in two four-hour sessions at 106 F. is superior to the other methods studied and that this treatment should be given early when possible. They discuss the safety of the combined management in artificial fever-chemotherapy, taking into account the importance of specially trained personnel and the highly specialized requirements necessary for successful fever departments, but refuting unfounded opinion regarding the dangers of fever therapy. Only two moderately severe and one severe reaction were encountered during their study, and there were no fatalities, a result comparing well with that of any other established procedure in medicine or surgery involving a similar degree of skill.

In their experience and that of shipmates at sea the contention that there is a sufficiently high percentage of cure with chemotherapy alone is not borne out for they observe an ever increasing number of failures, together with many reactions to the sulfonamide compounds. They cite the vast majority of cases in their series as such failures, no small number for a single admitting unit, and they emphasize that the manpower loss indicated by this study reaches proportions of great magnitude when multiplied by thousands for a proper estimate of the relation it bears to the incidence of total gonorrheal infections existing among civilians and in the armed forces of the country.

Buy War Bonds

TOTAL AVULSION OF THE ARM AND POSTERIOR SHOULDER GIRDLE WITH RECOVERY, KILLINGER, R. R., JACKSONVILLE, INDUST. MED. 8:193-196 (MAY) 1939.

A brief review of the anatomy and function of the shoulder joint together with the phylogenetic aspects of the subject is presented. Despite the fact that a powerful musculature supplements the action of the rather loose capsule in maintaining this joint, it is noted that actually there is great delicacy structurally and also that the loss of no bone as large as the scapula is followed by less disability.

A case of total avulsion of the arm and posterior shoulder girdle, unique in the annals of modern industrial surgery, is reported as a clinical rarity occurring under conditions as nearly ideal as possible for this type of severe injury, namely, abduction a bit beyond right angle. The author observes that the material presented suggests evaluating anew the anatomic structures which comprise the shoulder joint and he discusses the modus operandi pertaining to applied violence involving this vulnerable portion of the body.

The patient was a well nourished and athletic young man, well developed muscularly and accustomed to strenuous manual labor. Coupled with this factor was the almost instantaneous application of the damaging force. As the patient reached through an iron grating, his fingers were caught between the rollers and belt of a large conveyor of gypsum rock. The combined pull and impact against the grating were so great that they caused the right shoulder and arm to be snatched away with tremendous speed and violence, the group of muscles holding the scapula to the body proving to be the weakest link in the human chain; they also caused a complete laceration of the right ear against the skull and the fracture of the third and fourth ribs. Healing was by first intention. There were no complications, and the patient was discharged in two weeks.

The treatment of this and allied conditions is simple. It is outlined as stopping the hemorrhage, if one exists, treating shock, carrying out careful debridement of the wound as soon as possible, providing prophylaxis against gas gangrene and tetanus by appropriate injections of mixed serums, making daily cultures for gas bacilli and streptococci as long as necessary to avert danger from this source, and taking suitable measures for rehabilitation.

From Our President

MEDICAL CARE

At last the medical profession, as an organization and as individual members, is awakening to the fact that adequate medical care is not being provided for all of our people. We are also beginning to realize that something definite should and will be done to correct this situation. Correction of this inadequacy is being hastened by threats of government-controlled medicine. The profession has protested sensibly and justly against any form of government medical practice. The fact that the panel system of the European countries has been unsatisfactory, and would be even more so here, has been argued truthfully and convincingly. The objections that the proposed bill No. S-1161, the Wagner-Murray-Dingell Bill, would be a financial burden, render inadequate service, disrupt the choice-of-a-physician status and stifle incentive, have all been expressed. All of these and many more arguments against such a government Act have been gone over many times.

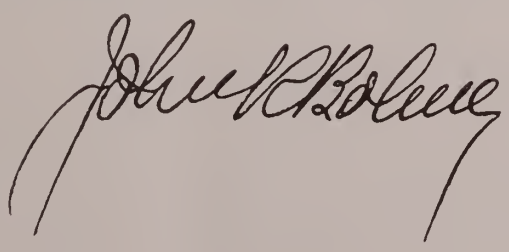
But, has anything better been offered? It is high time that the medical profession offer some definite plan for relief. During the last few months there has been evidence that much thought is being given to such a solution. There are many plans being offered; some are good, some not so good, but all are constructive. Out of this chaos will, I know, come a solution satisfactory to all.

I believe that a profit-free hospital insurance plan, and a medical service plan, would offer the answer. For less money than the Social Security Bill proposed, adequate hospital and health insurance can be given. As you know, there are committees from our state Association working to present to the House of Delegates some definite plans, or plan, along these lines. Dr. Leigh Robinson has two subcommittees; the first is the Hospital Service Committee with Dr. Edward Jelks as chairman, and the second is the Prepaid Medical Service Plan Committee, headed by Dr. Walter Jones. These committees are working to select from the many plans now in use throughout the country one that is most suitable for Florida. There is an enormous amount of work to be done, and much material to be sifted. There are in this country about forty prepaid medical service plans, and more than eighty hospital insurance plans, now in effect. If there is a "best" one, these committees are expected to find it.

There is also a committee, headed by Dr. Julius C. Davis, whose function is to study the rural hospital and medical needs throughout the state. This, too, is a big task.

With these committees working, and they are working in spite of the fact that they are overloaded professionally, I am sure we will have something definite to present at the next meeting of the House of Delegates.

An invitation to work on any committee is an honor. Accept it as such.



FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

JOHN R. BOLING, M.D., President.....*Tampa*
SHALER RICHARDSON, M.D., President-elect...*Jacksonville*
W. C. MCCONNELL, M.D., 1st Vice Pres....*St. Petersburg*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
ROBERT D. FERGUSON, M.D., 3rd Vice Pres.....*Ocala*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
HOMER L. PEARSON, M.D., Editor.....*Miami*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WILLIAM M. ROWLETT, M.D., Chm...AL-45.....*Tampa*
L. W. BLAKE, M.D...C-46.....*Bradenton*
DUNCAN T. MCEWAN, M.D...B-48.....*Orlando*
WALTER C. PAYNE, M.D...A-45.....*Pensacola*
LEIGH F. ROBINSON, M.D...D-47.....*Ft. Lauderdale*
GILBERT S. OSINCUP, M.D...PP-45.....*Orlando*
EUGENE G. PEEK, M.D...PP-46.....*Ocala*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

HERBERT E. WHITE, M.D., Chm...B-47.....*St. Augustine*
JAMES G. LYERLY, M.D...AL-45.....*Jacksonville*
DANIEL A. MCKINNON, M.D...A-48.....*Marianna*
DOUGLAS D. MARTIN, M.D...C-46.....*Tampa*
*J. R. BOULWARE, M.D. (Alternate..C-46).....*Lakeland*
HOMER L. PEARSON, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...AL-45.*Jacksonville*
THOMAS H. BATES, M.D...A-48.....*Lake City*
HORACE A. DAY, M.D...B-45.....*Orlando*
WHITMAN C. MCCONNELL, M.D...C-46....*St. Petersburg*
C. F. ROCHE, M.D...D-47.....*Miami Beach*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

HOWARD G. HOLLAND, M.D., Chm...B-47.....*Leesburg*
JOHN S. HELMS, M.D...C-46.....*Tampa*
*JAMES L. ESTES, M.D. (Alternate..C-46).....*Tampa*
CAYETANO PANETTIERE, M.D...D-45.....*Miami Beach*
WILLIAM D. SUGG, M.D...AL-45.....*Bradenton*
JOHN K. TURBERVILLE, M.D...A-48.....*Century*

PUBLIC RELATIONS

LEIGH F. ROBINSON, M.D., Chm...D-48...*Ft. Lauderdale*
JOHN W. SNYDER, M.D...AL-45.....*Miami*
JAMES L. STRANGE, M.D...B-46.....*McIntosh*
CAROL C. WEBB, M.D...A-47.....*Pensacola*
HARPER E. WHITAKER, M.D...C-45.....*Tampa*

NECROLOGY

JOHN C. VINSON, M.D., Chm...AL-45.....*Tampa*
GERRY R. HOLDEN, M.D.,..B-46.....*Jacksonville*
TOLIVER M. MCDUEEEE, M.D...C-48.....*Manatee*
GERARD RAAP, M.D...D-45.....*Miami*
COURTLAND D. WHITAKER, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D...Chm...B-46.....*Jacksonville*
THOMAS E. BUCKMAN, M.D...AL-45.....*Jacksonville*
DAVID R. MURPHEY, M.D...C-45.....*Tampa*
*GEORGE L. COOK, M.D. (Alternate..C-45).....*Tampa*
E. STERLING NICHOL, M.D...D-48.....*Miami*
JAMES H. POUND, M.D...A-47.....*Tallahassee*

CANCER CONTROL

JOSEPH HALTON, M.D., Chm...C-47.....*Sarasota*
CHARLES J. COLLINS, M.D...B-48.....*Orlando*
MAYHEW W. DODSON, M.D...A-46.....*Pensacola*
ALERED G. LEVIN, M.D...D-45.....*Miami*
*GERARD RAAP, M.D. (Alternate..D-45).....*Miami*
HERMAN WATSON, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

FERDINAND A. VOGT, M.D., Chm...D-45.....*Miami*
HERBERT L. BRYANS, M.D...A-47.....*Pensacola*
ROBERT D. FERGUSON, M.D...B-48.....*Ocala*
THOMAS C. MAGUIRE, M.D...AL-45.....*Plant City*
JOSEPH W. TAYLOR, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

ELIJAH T. SELLERS, M.D., Chm...B-47.....*Jacksonville*
J. POWELL ADAMS, M.D...A-48.....*Panama City*
GEORGE A. DAME, M.D...AL-45.....*Fernandina*
ALVIN L. MILLS, M.D...C-46.....*St. Petersburg*
WILEY M. SAMS, M.D...D-45.....*Miami*

INTERRELATIONSHIP

WILLIAM M. DAVIS, M.D., Chm...C-46....*St. Petersburg*
SIMON E. DRISKELL, M.D...B-48.....*Jacksonville*
HENRY J. PEAVY, M.D...D-45.....*Ft. Lauderdale*
WILLIAM C. RENTZ, SR., M.D...AL-45.....*Miami*
RALPH B. SPIRES, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

WILLIAM C. BLAKE, M.D., Chm...C-46.....*Tampa*
EARLSWORTH C. BRUNNER, M.D...D-45.....*Miami*
LUTHER C. FISHER, JR...A-47.....*Pensacola*
LOUIE LIMBAUGH, M.D...B-48.....*Jacksonville*
RALPH S. TORBETT, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. MASON SMITH, M.D., Chm...C-46.....*Tampa*
WILBUR O. ARNOLD, M.D...D-48.....*W. Palm Beach*
BENJAMIN F. BARNES, M.D...A-47.....*Chattahoochee*
W. HENRY SPIERS, M.D...AL-45.....*Orlando*
ROLLIN D. THOMPSON, M.D...B-45.....*Orlando*

MATERNAL WELFARE

WILLIAM C. THOMAS, M.D., Chm...B-47.....*Gainesville*
LAURIE L. DOZIER, M.D...A-45.....*Tallahassee*
SAMUEL C. HARVARD, M.D...C-48.....*Brooksville*
RALPH W. JACK, M.D...D-46.....*Miami*
SAMUEL R. NORRIS, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

GEORGE L. COOK, M.D., Chm...AL-45.....*Tampa*
LUTHER W. HOLLOWAY, M.D...B-48.....*Jacksonville*
WARREN W. QUILLIAN, M.D...D-45.....*Coral Gables*
*W. W. MCKIBBEN, M.D. (Alternate..D-45).....*Miami*
COUNCILL C. RUDOLPH, M.D...C-46.....*St. Petersburg*
EUGENE D. THORPE, M.D...A-47.....*Madison*

CONSERVATION OF VISION

CARL E. DUNAWAY, M.D., Chm...D-48.....*Miami*
SHERMAN B. FORBES, M.D...C-45.....*Tampa*
MOZART A. LISCHKOEF, M.D...AL-45.....*Pensacola*
WILLIAM S. NICHOLS, M.D...A-47.....*Lake City*
SHALER RICHARDSON, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

GEORGE C. TILLMAN, M.D., Chm...B-46.....*Gainesville*
JAMES M. ANDERSON, M.D...AL-45.....*Cross City*
ANNETTE M. FEASTER, M.D...C-48.....*St. Petersburg*
LUTHER C. FISHER, M.D...A-47.....*Pensacola*
ARTHUR L. WALTERS, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. RENFRO DUKE, M.D., Chm...C-45.....*Tampa*
JULIUS C. DAVIS, M.D...A-47.....*Quincy*
GERRY R. HOLDEN, M.D...B-48.....*Jacksonville*
JOHN A. SIMMONS, M.D...AL-45.....*Arcadia*
FERDINAND A. VOGT, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

FREDERICK J. WAAS, M.D., Chm...AL-45....*Jacksonville*
First—COURTLAND D. WHITAKER, M.D...1-45..*Marianna*
Second—G. WILMOT BROWN, M.D...2-46.....*Tallahassee*
Third—LUCIEN Y. DYRENEORTH, M.D...3-45..*Jacksonville*
Fourth—C. MCK. TYRE, M.D...4-46.....*Eustis*
Fifth—W. WARDLAW JONES, M.D...5-46.....*Dade City*
Sixth—EDGAR WATSON, M.D...6-45.....*Lakeland*
Seventh—WILLIAM Y. SAYAD, M.D...7-45...*W. P. Beach*
Eighth—E. M. HENDRICKS, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

EDWARD JELKS, M.D., Chm.....*Jacksonville*
SHALER RICHARDSON, M.D., Vice Chm.....*Jacksonville*
J. C. DICKINSON, M.D.....*Tampa*
WALTER C. JONES, M.D.....*Miami*
EUGENE G. PEEK, M.D.....*Ocala*
CAROL C. WEBB, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
O. O. FEASTER, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
GEORGE C. TILLMAN, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D, 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

SELECTIVE SERVICE

When there is a trend toward Regimentation of Medicine, and when there is legislation pending which, if passed, will put it into effect, it is difficult not to "read between the lines" and suspect an ulterior motive in almost everything done by the federal government pertaining to the medical profession.

When the Director of Selective Service issued the directive which permits the drafting of premedical students, thus limiting civilian medical training to men rejected for military service and to women, this action was condemned by most medical and educational authorities as being unwise—unwise principally because it will cut down the number of medical graduates by one-third at a time when there will be need for more doctors.

General Hershey must recognize that there will be a greater need for doctors six to eight years from now. He must also know that with victory in sight in Europe, and things going well in the Pacific, the need for taking all the available physically fit youth is not as great as it was, or as it would have been had the war been going badly. Some other reason, therefore, must have precipitated the issuance of the aforementioned directive. Can it be that the present sponsors of medical regimentation are looking ahead to the time when there will be a shortage of physicians, when, pointing to this shortage, they can establish the necessity for the control, regimentation and distribution of physicians so there will be enough to go around? Can it be possible that they fear there may not be a shortage and so must create one? Stranger things have happened.

H. L. P.

COMMITTEE PROGRESS REPORTS

Throughout the years it has been customary for the various committees of the Florida Medical Association to make preliminary reports at the preconvention meeting which was held several months prior to the annual convention, and to make final reports at the meeting of the House of Delegates. These reports were subsequently published in the Journal. The reports of all officers and of all committees appear with multitudinous other reports and proceedings, and, if read completely, seem rather long and dry. In many instances much of this material is not read, and so the rank and file of our membership is not well acquainted with the activities of our Association.

This condition, we believe, can largely be overcome by the frequent publication of short items of interest from the various committees. These short contributions can be made in the form of "progressive reports." There are a number of important committees whose activities are of extreme interest to the members of our Association. If each of these committees would report its progress periodically through the Journal, it would make interesting reading, keep the membership constantly informed of the work of the Association and spur the committees on to more activity.

We propose to ask for "progress reports" from the committees of our Association, and hope you will find them interesting and enlightening. We also ask for your comments.—H. L. P.

IT WAS JUSTIFIED

After more than two years' suspension due to circumstances occasioned by World War II, the annual convention of the American Medical Association once again convened in its "home" city. After the lean two year period during which not only the A.M.A., but many sectional, state and special society groups failed to meet, it was indeed a treat to see the same enthusiasm and interest shown at the "Greatest Show on Earth" (Medical). There was never a dull moment during the meeting. A balanced program composed of subjects pertaining to both military and civil medicine was in progress every day, which was sufficiently comprehensive to command interest of everyone in attendance. This was supported by an unusually fine display of scientific exhibits shown at the Palmer House. At the Stevens Hotel the technical exhibits were most surprising. It was amazing how elaborate was the display during such times as these. Attendance at both these places well justified the effort.

As is the case at any meeting of the A. M. A., it would be physically impossible to attend the many sessions of the various sections, as one would like to do, unless the meeting ran concurrently for many weeks. The system of centrally located exhibits surmounts this difficulty. One can absorb a wealth of knowledge by viewing the exhibited material and discussing the subject with the demonstrators, often as not the author of the work or one of his associates. The writer found these doctors most courteous and anxious to share their store of knowledge with any and all, and not the least upset by the many questions asked. Note: a twenty minute interview with Neal Owens of New Orleans and Vinton Siler of Cincinnati on the subject of treatment of burns. A lively discussion with men of this caliber is always pleasant and profitable.

Travel conditions left much to be desired, but were not too unpleasant. Lining up for meals on the train was standard routine, but not unbearable; other accommodations en route were just about usual for railroads in normal times. The most gratifying observation was that travel to and from Chicago did *not* encroach upon the liberties or convenience of men and women in uniform. Hotel accommodations were fair, but the service much curtailed.

There were two outstanding features of the program at the 1944 meeting, at least one of which demonstrates a changing trend of thought in medicine, viz., a symposium in the section of Experimental Medicine and Therapeutics on "The Abuse of Rest in the Treatment of Disease." One of the papers discussed "The Abuse of Rest as a Therapeutic Measure in Surgery." The author compared the hospital stay, fever, pulse rate, morbidity, complications, and duration of disability in a series of 100 cases in which the patients were allowed out of bed and made ambulatory immediately, with 100 cases in which the usual ten to fifteen days' bed rest followed similar operations. The author's stand has merit, and calls to mind a report by Alton Oschner a few years back, citing this procedure with the use of cotton as suture material. The writer has not quite developed full courage to follow the procedure routinely, but has experienced two unintentional cases. In one, a young dentist, operated on for acute appendicitis through the McBurney incision, was found on the morning following the operation in the opposite bed to the one he had occupied in a semi-private room. He had got there during a fit of "sleep walking." In the second case the patient was a merchant sailor on whom it had been necessary to open the stomach because of recurrent gastric hemorrhage with symptoms of perforated ulcer for which he was operated upon. The wounds of the stomach and abdomen were closed in the usual manner with catgut. On the fifth postoperative day this man stole his clothes and deserted the hospital. He came to light about a year later through correspondence concerning claims for alleged injury. In both of these cases there was good healing and the patients suffered no ill effects.

The second feature of the program was a final joint meeting of the Sections of Surgery and Gastroenterology and Proctology. This session summarized in a way diseases of the intestine and colon, some previously discussed in the various sections. Much time was devoted to regional and terminal ileitis and various infectious lesions of the colon. With discussions by some of the best known men in the country it was most instructive, and a fitting climax to a fine meeting.

Florida was well represented by civilian and Army doctors. Quite a sizable delegation of uniformed men were in attendance, and it was pleasing to see so many who left their busy practices to attend the "show." It was a good meeting, and judging from the type of meeting, the accommodations available, the excellent attendance, the knowledge disseminated, and the good accomplished, certainly it was justified, even in war.—Lloyd J. Netto, M. D.

STATE NEWS ITEMS

Dr. Duncan McEwan of Orlando was in the North on vacation in August and had a profitable visit at the Leahy Clinic.

Members of the Florida Medical Association, who attended the Southern Pediatric Seminar held in Saluda, N. C., recently, were: Drs. K. K. Waering, Atlantic Beach; B. F. Barnes, Chattahoochee; Steve R. Johnston, Ft. Pierce; B. F. Butler, Hollywood; C. L. Kennon, Miami; J. O. Barfield, Panama City; C. A .O'Quinn, Perry; W. W. Massey, Quincy, R. D. Hollowell, St. Petersburg.

Dr. W. D. Sugg of Bradenton was the guest speaker at the local Kiwanis Club luncheon on August 8.

Dr. George A. Dame was recently appointed director of local health service for the State Board of Health. Previous to the new appointment, he served for several years as director of the Nassau County Health Unit with headquarters at Fernandina. Dr. Dame's new assignment will make his headquarters in Jacksonville.

Dr. Clayton E. Royce of Jacksonville was guest speaker at the local Rotary Club meeting, August 21.

Dr. A. H. Lisenby of Panama City was the guest speaker at the local Rotary Club meeting, August 18.

The malaria control program of the State Board of Health was highly complimented by Dr. Augusto S. Galvao, professor of parisitology at the University of Sao Paulo, Brazil. Dr. Galvao made a three months' observation tour of the eastern seaboard and made official visits in several Florida cities, in addition to his meeting with Dr. Henry Hanson, State Health Officer, and Dr. J. H. Paul, director of the Bureau of Malaria Control, at the Jacksonville headquarters.

Dr. L. W. Blake of Bradenton was guest speaker at the local Rotary Club's luncheon, Monday, August 21.

Dr. A. J. Logie of Miami took a summer course at the University of Cincinnati and spent some time in North Carolina during the summer months.

SPLENDID OPPORTUNITY for a good physician. Prior to 1938 the county supported three doctors. At present there is no doctor. Practice and equipment of a deceased doctor will be turned over to the right physician. Remunerative practice from the start. For additional information communicate with Mr. Hal Y. Maines, Lake Butler, Fla.

RARE OPPORTUNITY for a partnership in a $25,000 practice in West Central Florida. Address Box 414, Lakeland, Fla.

PHYSICIAN WISHES ASSOCIATION, partnership, or purchase practice. Considerable experience in Anesthesia. Desire to do Anesthesia on a fee basis; can take charge of Anesthesia at hospital. Write 69-1, P. O. Box 1018, Jacksonville 1, Fla.

DEATHS

Dr. J. Allen Johnston of Ft. Lauderdale died on August 21.

Dr. Robert E. Summitt of Gainesville died on September 12.

CORRESPONDENCE

REHABILITATION SERVICE

Vocational rehabilitation in Florida is not a new endeavor. Since 1927 assistance has been given the handicapped in this state in the form of guidance, training, books, equipment, artificial appliances, and placement in satisfactory jobs. This service is intended to conserve the greatest of all assets, the working usefulness of human beings. It is a public service comparable to public education, public health and the other activities for the welfare of the people.

For seventeen years in Florida it has been possible to give a handicapped person practically any rehabilitating service except medical and surgical treatment to remove a disability. It has been necessary to "train around" the disability, to fit the person for work which he could do despite

his defect. If he had a hernia, he was trained in a job that required no lifting; if he had a disabled leg, it was necessary to place him in a sedentary employment.

Now, under an extended program, it is possible to get to the source of the handicap, the disability itself, and, through paid medical and surgical services and hospitalization, remedy the defect. This enlarged program was approved by the House of Delegates of the Florida Medical Association in St. Petersburg last April. Some of its salient features are:

The doctor-patient relationship is not disturbed as the patient chooses his own physician from among the members of the Florida Medical Association or from the members of the fifteen American boards of specialties. Only conditions which are relatively stable and remediable within a reasonable length of time may be treated. Patients with acute illnesses or with long-term chronic conditions are not eligible. Physicians are paid for their services to each patient.

Hospitalization, limited to ninety days, may be obtained in an institution listed in the American Medical Directory. Hospitals are paid their per diem rate.

Funds for this service are appropriated on a basis whereby 50 per cent is paid by the state and 50 per cent by the federal government; all expenditures are controlled by the State of Florida.

This program establishes no special work projects. Instead, training is obtained from public and private trade schools, from vocational training courses, and from in-service training on the job. No medical centers or hospitals are established. Medical and surgical diagnostic services and treatment are purchased from practicing physicians; hospital care is purchased from existing public and voluntary hospitals. No "made work" is set up for placements. Employment is secured in private business or in civil service on the customary basis.

A representative of the State Rehabilitation Service, Tallahassee, will be glad to meet county medical societies to give a brief description of the program and to answer questions, or he will discuss the program with any individual physician. Referred patients without sufficient funds to obtain all services needed will be welcomed and handled expeditiously.

Claud M. Andrews, State Director



PHYSICIANS of the South have an urgent call to St. Louis for the annual meeting of the Southern Medical Association, Monday, Tuesday, Wednesday and Thursday, November 13-16 — a great wartime meeting. Medical meetings are essential, as essential in wartimes as in peace, even more so. Physicians, civilian and military, need medical meetings. At the St. Louis meeting, a streamlined essential wartime meeting, every phase of medicine and surgery will be covered in the general clinical sessions, the twenty sections, the four conjoint meetings, and the scientific and technical exhibits— the last word in modern, practical, scientific medicine and surgery. Addresses and papers will be given by distinguished physicians not only from the South but from other parts of the United States. Everything under one roof, the Municipal Auditorium.

REGARDLESS of what any physician may be interested in, regardless of how general or how limited his interest, there will be at St. Louis a program to challenge that interest and make it worth-while for him to attend.

ALL MEMBERS of State and County medical societies in the South are cordially invited to attend. And all members of state and county medical societies in the South should be and can be members of the Southern Medical Association. The annual dues of $4.00 include the Southern Medical Journal, a journal valuable to physicians of the South, one that each should have on his reading table.

SOUTHERN MEDICAL ASSOCIATION
Empire Building
BIRMINGHAM 3, ALABAMA

MEMBERS IN ARMED SERVICES

Names and home addresses of members in the armed services, by county societies.
Please report omissions or corrections to Box 1018, Jacksonville 1.

ALACHUA

Andrews, Edwin H. — Gainesville
Cobb, Alva T. — "
Collins, Grover C. — "
Dell, J. Maxey, Jr. — "
Jennings, Lloyd H. — Starke
[2]Murphree, Walter E. — Gainesville

BAY

Adams, Daniel M. — Panama City
Parker, Martle F. — "
Roberts, William C. — "

BREVARD

Cooke, Frank N. — Cocoa
Hay, I. M. — Melbourne
Kenaston, T. C. — Cocoa

BROWARD

[2]Blount, Robert E. — Ft. Lauderdale
Camp, Milton N. — "
Carson, Russell B. — "
Farringer, Robert H. — Hollywood
Lovejoy, M. Austin — Ft. Lauderdale
Lumpkin, Lloyd U. — "
Peavy, Henry J. — "
Pierce, Francis D. — "
Shell, Paul G. — "
Snyder, F. Leslie — Hollywood
Sory, Curtis H. — Ft. Lauderdale

COLUMBIA

Busey, John F., Jr. — Lake City

DADE

Adler, Lawrence — Miami
Agos, I. H. — Miami Beach
Alexander, Julius — Miami
Alexander, Lassar — "
Allen, Ralph F. — "
Arango, Roger J. — "
Auslander, Harold P. — Miami Beach
Baker, Juel M. — Miami
Barge, William J. — "
Bell, Bernard T. — Coral Gables
Bernstein, William H. — Miami Beach
Bertram, Albert J. — Miami
Boros, William K. — "
Boughton, Herman — "
Burbacher, Charles R. — Coral Gables
Burch, John E. — Miami
Burton, Joseph M. — "
Capland, Lewis — Miami Beach
Carroll, Bruce D. — Miami
Christian, William A. — Miami Beach
Clark, Irving T. — Miami
Cleveland, Jack Q. — Coral Gables
Cogan, James R. — Miami Beach
[2]Cohn, Jess V. — "
Coleman, Benjamin — "
Coplan, Milton M. — Miami
Cullipher, Edward W. — "
Dees, John — "
[2]DeVore, Louise — "
*Dieterich, Frederick H. — "
Dix, John W. — Coral Gables
Dowlen, L. Washington — Miami
Dowlen, Otto S. — Miami Beach
Eichert, Herbert — Miami
Elam, James O. — "
Exley, David W. — Miami Beach
Falk, Jack J. — "
Ferré, George — Miami
Fishbein, I. Leo — Miami Beach
Fitzpatrick, E. T. — Miami Beach
Forastiere, Roger J. — Miami
Fox, Edward F. — "
Frehling, Stanley — Miami
Frobisher, H. B. — Coral Gables
Garrard, Hollis F. — Miami Beach
Goodman, Bernard — "
Griggs, Thomas S. — Miami Shores
Gross, Alfred — Miami Beach
[2]Hanna, Fuad — Miami
Hardie, Dan, Jr. — "
Harris, Robert M. — "
Hewlett, Frank W. — Coral Gables
Hinton, Andrew H. — Miami
[2]Howdon, William M. — "
Howell, R. Spencer — "
Hutson, Thomas W. — "
Jack, Ralph W. — "
Jenkins, Leslie M. — "
Kauders, Ferdinand H. — "
Kells, Paul — "
Kline, Bernard — Miami Beach
Kuckku, Morris E. — Miami
Kupper, William H. — "
Lamar, Carlos P. — "
Lawther, Harry C. — "
LeDrew, Frederick — "
Leonard, George N. — Miami Beach
Levin, Alfred G. — Miami
[1]Lister, George — Miami Beach
Litterer, A. Buist — Miami
McClamroch, James M. — "
McElheny, Franklin — "
McKenzie, E. Norton — "
McKenzie, Jack A. — "
McLemore, Carl S. — Miami Beach
McLeod, Norman W., Jr. — Miami
Marion, Dominic A. — "
Martin, Marion C. — "
Maxwell, Eugene B. — Miami Beach
[2]Meadow, Edward — North Miami
Messner, Paul O. — Miami Springs
Milton, John D. — Miami
Mitchell, George A. — "
Mosley, R. Sam — "
[2]Mouradian, Albert H. — "
Nathan, David A. — Miami Beach
Nuzum, Russell K. — Miami
O'Donnell, William G. — "
Oliver, Robert M. — "
Otto, Thomas O. — Miami Beach
Owens, W. Duncan — "
Payton, Frazier J. — "
[1]Pearce, N. O. — "
Pearson, Julius R. — "
Pearson, R. Judson, Jr. — "
Pepper, Max — Miami
Phillips, Kenneth — "
Pollock, Benjamin G. — Miami Beach
Preston, Edwin P. — "
Putman, James H. — Miami
Quillian, Warren W. — Coral Gables
Rand, Harold — Miami
Rash, Jack O. W. — "
Reckson, Murray M. — Miami Beach
Reese, Homer A. — Miami
Richardson, John R. — Miami Beach
Robbins, Alexander — "
Robbins, Bernard — "
Roberts, Thomas L. — Coral Gables
Rogers, Hunter B. — Miami
[2, 1]Roth, Edward — Miami Beach
Salley, S. Marion — Miami
Sandberg, T. D. — Coral Gables
Sappenfield, Ralph S. — Miami
Saslaw, Milton S. — "
Scarborough, C. A. — "
[2]Schwarz, M. Jandon — Miami Beach
[2]Selevan, Sol — "
Silverman, Harry Z. — "
Sisler, Bruce H. — Miami
Skilling, Francis C. — "
Smith, Donald W. — "
Spicer, Robert T. — "
Stannus, Donald G. — Miami Beach
Sternberg, J. Charles — Miami
Stewart, Franz H. — "
Stewart, Joseph S. — "
Thomas, Efton J. — Miami Beach
Torrado, Rene A. — "
Travers, M. Paul — "
Turk, John P. — Miami
[2]Vinson, Willie J. — "
Voris, Frank B. — "
[2, 1]Walker, H. A. — Miami Beach
Wallace, Albert W. — "
[2]Walsh, Gerald J. — Miami
Walterman, David — Miami Beach
Weiland, Arthur H. — Coral Gables
Werblow, S. Charles — Miami
Whelchel, Lynn W. — "
Whitmer, Kenneth S. — "
*Wigdor, Meyer — Miami Beach
Woods, Frank M. — Miami
Youmans, Corren P. — "
Zimmerman, Paul A. — "
Zivitz, Nelson — Miami Beach

DE SOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES

McSwain, Gordon H. — Arcadia
Martin, Leldon W. — Sebring
Simmons, S. J. — Belle Glade

DUVAL

Adams, Thomas S. — Jacksonville
Baker, Archie J. — "
Baldwin, Donald M. — "
Ball, William H. — "
Bedell, Sullivan G. — "
Borland, James L. — "
Bowen, Frederick H. — "
Boyd, Charles W. — "
Canipelli, Edward — "
Carithers, Hugh A. — "
Chapman, William H. — "
Croft, George W. — "
Ferrara, John D. — "
Funkenstein, Dan H. — "
Galin, Jack — "
Gorman, John M. — "
Graves, A. Judson — "
Green, Daniel — "
Hanson, Karl — "
Hardgrave, George L. — "
Haverfield, W. Tracy — "
Hughes, Victor A. — "
Hurt, Floyd K. — "
Kemp, Simon I. — "
Kendrick, M. Hayne — "
King, F. Gordon — "
King, Raymond H. — "
Kirk, William W. — "
Lanier, J. Ellis — "
Leitner, Elmer E. — "

*Deceased. 1. U. S. Public Health Service. 2. Honorably Discharged.

MEMBERS IN ARMED SERVICES—*Continued*

Lipscomb, T. H. ... Jacksonville
Lombardo, Samuel S. ... "
Lovejoy, John F. ... "
McCall, E. Frank ... "
McCullagh, William H. ... "
Malone, Bert H. ... "
Mangels, Martin, Jr. ... "
[2]Manning, William S. ... "
Manson, A. Mackenzie ... "
Mathers, Daniel H. ... "
Mendoza, Carl C. ... "
Milam, Ernest B. ... "
Nelson, Thomas F. ... Perry
Oberdorfer, Aaron Z. ... Jacksonville
[2]O'Dell, John C. ... "
Oetjen, G. F. ... "
[1]Osborne, Elton S. ... "
Parks, Lorenzo L. ... "
Patterson, James N. ... "
Porter, Harry W. ... "
Richards, Ferdinand ... "
Rose, Joseph ... "
Safer, Jacob V. ... "
Simmons, Eugene D. ... "
Slaughter, Frank G. ... "
Sompayrac, Lauren M. ... "
Stamps, Walker ... "
Strumpf, Irving J. ... "
Sumner, Wilbur C. ... "
Swift, Edwin C. ... "
[2]Thomas, R. Y. H. ... "
Watt, E. Clements ... "
Wattles, F. Merrill ... "
Weil, Nathan, Jr. ... "
Weinreb, Joseph ... "
Williams, Ashbel C. ... "

ESCAMBIA

Anderson, E. V. ... Pensacola
Bell, John D. ... "
Click, Gustav N. ... "
Essrig, Irving M. ... Tampa
[2]Haisfield, Harry B. ... Pensacola
Hixon, William P. ... "
Kennedy, S. G. ... "
McSween, John C. ... "
Mellen, Noel C. ... "
Morse, George W. ... "
Randall, William S. ... "
Rubin, Nathan S. ... "
Stebbins, Alvin L. ... "
Tugwell, Wilton E. ... "
Turberville, Joe I. ... Century
Williams, William L. ... Pensacola

HILLSBOROUGH

Adamo, Frank S. ... Tampa
Annis, Leonard S. ... "
Blackmon, Heyward J. ... "
Brown, Harold O. ... "
Chunn, C. Frank ... "
Cole, Herschel G. ... "
Costantino, Eugene F. ... "
Cowart, James T. ... "
Grable, James S. ... "
Griffin, James C. ... "
Heath, Ralph T. ... "
Helms, John S. ... "
Hewit, Linus W. ... "
Knowlton, Horace A. ... "
Linz, Frank T. ... "
McClosky, B. Martin ... "
[1]Marcus, Nathan L. ... "
Martin, Douglas D. ... "
Mertz, R. Bradner ... "
Murphey, David R. ... "
Nix, Harold G. ... "
Parsons, Hugh E. ... "
Rudisill, C. A. ... "
Ruskin, J. J. ... Tampa
Torretta, Joseph N. ... "
Trice, William W. ... "

LAKE

Ashton, W. Lee ... Umatilla
Bowen, Louis R. ... Eustis
Bowie, Clyde F. ... Leesburg
Gleason, Albert H. ... Umatilla
McGuire, John F. ... Clermont
Oetjen, Leroy H. ... Leesburg
Wood, Will L. ... Clermont

LEE

Allan, Harry L. ... Ft. Myers
Clement, W. B. ... Punta Gorda
Girardin, A. L., Jr. ... Ft. Myers
Jennings, John L. ... Boca Grande
Stead, Vergil G ... Naples
Stipe, Harvie J. ... Ft. Myers

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON

Andrews, Edson J. ... Tallahassee
Clements, Merritt R. ... "
Ekermeyer, Ernest W. ... "
Holland, Francis T. ... "
Johnson, A. B. ... Jamestown, N.Y.
Miles, W. G. ... Chattahoochee
O'Connor, James B. ... "

MADISON-SUWANNEE

Black, Irby H. ... Live Oak
Chappell, Frank V. ... Madison

MANATEE

Floyd, Alva J. ... Palmetto
Wentzel, W. E. ... Bradenton

MARION

Cumming, Richard C. ... Ocala
Harrell, Henry L. ... "
Lytle, Carl S. ... "
McMurray, James W. ... Williston
Moore, John P. ... Ocala
Russell, Ralph E. ... "

MONROE

[1]Holloway, Paul D. ... Key West
[1]Parramore, James B. ... "

ORANGE

Anderson, Claude ... Orlando
Berry, Courtlandt D. ... "
Bichard, Phillip M. ... "
Butt, Thomas C. ... "
Chappell, J. Rocher ... "
Christensen, Louis N. ... "
Clower, James W. ... Winter Garden
Crisler, George R. ... Winter Park
Economou, James G. ... Orlando
Gwathmey, G. Tayloe ... "
*Hatfield, John R. ... "
Henderson, Robert P. ... "
Hitchcock, Edgar E. ... "
Hoffmann, Carl D. ... "
Ingram, Hollis C. ... "
Irwin, Thomas M. ... "
Jewett, Eugene L. ... "
Kingsbury, Lawrence H. ... "
Kundert, Palmer R. ... "
Mathers, Fred ... "
Mitchell, William S. ... "
Myers, Lucien E. ... Winter Park
Orr, Louis M. ... Orlando
[1]Osincup, Gilbert S. ... "
Ramsey, Russell W. ... Winter Park
Robertson, Don C. ... Orlando
Scanlon, John J. ... Winter Garden
Sears, Warren H. ... Winter Park
Sessions, Raymond R. ... Kissimmee
Stecher, Joseph L. ... Orlando
Sutter, Leroy M. ... "
Taylor, Byrne E. ... "
Zieve, Sanford L. ... Winter Garden

PALM BEACH

Bippus, W. E. ... West Palm Beach
Clarholm, Victor ... " "
Daly, Thomas E. ... " "
Dawson, G. M. ... " "
Derrick, C. J. ... " "
Gill, Richard S. ... " "
Herpel, F. K. ... " "
James, Lorenzo, Jr., Hayneville, Ala.
Kelley, Oscar L. ... West Palm Beach
Nieder, James R. ... Delray Beach
Ombres, S. Richard ... Palm Beach
Rotter, Saul D. ... West Palm Beach
Smith, Michael ... " "
Sory, Bailey B. ... Palm Beach
Sory, James R. ... West Palm Beach
Stanley, Thomas Z. " "
Weems, William H. " "
Wilkins, William B. " "

PASCO-HERNANDO-CITRUS

Manley, David B. ... Zephyrhills

PINELLAS

Anderson, C. O. ... St. Petersburg
Bradley, James A. ... "
Farber, William P. ... "
Farrington, C. L. ... "
Feaster, Orion O. ... "
Frederick, A. R. ... "
Funk, Neil E. ... "
Gable, Linwood M. ... "
Gable, N. W., Jr. ... "
Grace, Angus D. ... "
Groves, W. H. ... Clearwater
Hagan, V. LeRoy ... "
Hagood, John D. ... "
Harden, W. W. ... St. Petersburg
Harrison, Everett M. ... Dunedin
Hebard, Charles E. ... St. Petersburg
Langley, Francis H. ... "
McConnell, W. H. ... "
Marr, Norval M. ... "
Meyer, Francis P. ... "
Morin, H. Gerald ... "
Murphey, Dan'l F. H. ... "
Needles, Robert J. ... "
Owen, R. Wynn S. ... "
Purcell, Thomas R. ... Tarpon Springs
[2]Quicksall, J. Braden ... St. Petersburg
[2]Rogers, H. Milton ... "
Rowell, John P. ... "
Rudolph, Councill C. ... "
Ulm, A. Hardy ... Dunedin
Whaley, F. Eugene ... St. Petersburg
Wood, Rowland E. ... "
Woodville, John B. ... "
Wright, Claude B. ... "
Wylie, LeRoy A. ... "

POLK

Annis, Jere W. ... Lakeland
Barranco, Anthony J. ... Lake Wales
Bond, Benjamin J. ... Winter Haven
Bosworth, Joe M. ... Lakeland
Clark, Samuel J. ... "
*Dykes, Chapman ... Haines City
Gachet, Fred S. ... Lakeland
*Hargrove, Julian L. ... Bartow
Keramidas, T. C. ... Winter Haven
Kibler, John M. ... Lakeland
Lancaster, L. L. ... Bartow

MEMBERS IN ARMED SERVICES—*Continued*

Martin, Emmett E. Haines City
Ralston, Raymond H. Lakeland
Tomlinson, J. Pitt, Jr., Lake Wales

PUTNAM

Bell, F. Emory Palatka
Gurganious, Allen P. "

ST. JOHNS

Britt, Reddin St. Augustine
Norris, Hardgrove S. "
Spencer, John "
Webb, Walter D. "

ST. LUCIE-OKEECHOBEE-
INDIAN RIVER-MARTIN

Davey, Walter F. Stuart
Goodwin, Hugh B., Jr. Ft. Pierce
Hardee, E. B. Vero Beach
Martin, Leon H. Ft. Pierce
Robertson, James C. Vero Beach
Stoner, Cyrus H. Ft. Pierce

SARASOTA

[2]Butcher, John M. Sarasota
Hoskins, W. H. Venice
Martin, Stanley T. Sarasota
Matthews, A. Lamar "
Miller, Cecil E. "
Morton, Henry G. "
Patton, Sherrel D. "
[2]Powers, Earl J. New York
White, Millard B. Sarasota

SEMINOLE

Barks, Orville L. Sanford
McDaniel, Thomas F. "
Park, Charles L. "

VOLUSIA

Drohomer, P. A. Daytona Beach
Jennings, William L. " "
Jones, C. B. New Smyrna Beach
Lenholt, Eric H. Daytona Beach
Myres, M. J. " "
Reeser, Richard, Jr. " "
Rutter, Joseph H. " "
Seltzer, Morris B. " "
Silsby, Harry Z. New Smyrna Beach
Tribble, Charles E. DeLand
Vallotton, J. Ralph Daytona Beach
Wells, J. Ralston " "
West, J. Richard " "
Whitney, Karl R. " "

WASHINGTON-HOLMES

Watson, Francis M. Chipley

*Deceased. [1]U. S. Public Health Service. [2]Honorably Discharged.

BUY WAR BONDS

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

PATRONIZE
JOURNAL ADVERTISERS

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

COMPONENT COUNTY SOCIETIES

HILLSBOROUGH

The Hillsborough County Medical Society has paid 100 per cent of its dues for the current year. Officers of this society are: Dr. Ralph S. Torbett, president; Dr. Lee T. Rector, vice president; and Dr. Charles M. Gray, secretary-treasurer.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held at the home of Dr. and Mrs. W. H. Walters in Lacoochee, Thursday evening, August 10. Clinical cases were reported and discussed. A letter from Dr. J. T. Bradshaw was read, in which he expressed appreciation of the many kindnesses shown him by the members during his recent illness. Dr. Bradshaw planned to return home August 9 and will attend the next society meeting.

A hearty vote of thanks was rendered to Dr. and Mrs. Walters in appreciation of a full course dinner which they served.

Dr. S. C. Harvard invited the society to meet with him September 14 at Brooksville. The following doctors were present: G. R. Creekmore, P. J. Hudson, S. C. Harvard, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

NEW AND NONOFFICIAL REMEDIES, 1944, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1944. Cloth. Price, postpaid, $1.50. Pp. 778. Chicago: American Medical Association, 1944.

The current volume of New and Nonofficial Remedies reflects two important and forward looking decisions of the Council, namely, to use the metric system exclusively in all its publications, and to consider for acceptance contraceptive preparations offered for use as prescribed by physicians. These decisions in turn reflect the vigorous and progressive leadership of the Council in the service of Medicine.

The chapter on contraceptives is quite comprehensive; with the acceptance of more preparations, it will undoubtedly assume a large place in New and Nonofficial Remedies.

The Council has thus far accepted some contraceptive jellies and creams, contraceptive diaphragms, diaphragm inserts, syringe applicators, and fitting rings. It is understood that a number of additional preparations have been submitted for Council consideration since the book went to press. This chapter represents a courageous and long-needed innovation.

Some of the new preparations that appear in this volume are: Succinylsulfathiazole, a new sulfonamide, a proprietary brand being "Sulfasuxidine"; Diodrast Concentrated Solution, a preparation of the already accepted Diodrast, for use in a special diagnostic procedure for visualization of the circulatory system and also cholangiography; a preparation of Sodium Benzoate for use as a liver function test; Mersalyl and Theophylline, accepted under the name of Salyrgan-Theophylline Tablets, proposed as an adjunct to intravenous injection of the already accepted drug; Zinc Insulin Crystals and Zinc Insulin Injection Crystalline; Tetanus Toxoid; and Concentrated Oleovitamin A and D, a dosage of the pharmacopoeial preparation.

A glance at the preface shows that certain general articles have been revised to bring them up to date. More or less important revisions have been made of the following chapters: Barbituric Acid Derivatives, Estrogenic Substances; Parathyroid; Ovaries; Sulfonamide Compounds; Vitamins, especially the sections, Vitamin B Complex and Vitamin D. In this connection it is worth noting that each chapter in the book is reviewed annually, or more often if indicated, by the responsible referee for such revision.

This volume is of paramount interest to all those concerned with rational and modern drug therapy.

POLIOMYELITIS; THE RELATION OF NEUROTROPIC STREPTOCOCCI TO EPIDEMIC AND EXPERIMENTAL POLIOMYELITIS AND POLIOMYELITIS VIRUS, DIAGNOSTIC SEROLOGIC TESTS AND SERUM TREATMENT. By Edward C. Rosenow, Professor of Experimental Bacteriology, University of Minnesota, Mayo Foundation, Rochester, Minn. A complete, comprehensive and authoritative account of the author's findings over a period of twenty-seven years of painstaking research. This monograph is contained in Vol. A44 of the International Bulletin. For the first time in its history the Bulletin consists entirely of the contribution of one author. Paper. Pp. 87, with illustrations. New York: The International Bulletin, 1944.

FERTILITY IN WOMEN. By Samuel L. Siegler, M. D., F. A. C. S., Attending Obstetrician and Gynecologist, Brooklyn Women's Hospital; Attending Gynecologist, Unity Hospital; Assistant Obstetrician and Gynecologist, Greenpoint Hospital; Consultant in Gynecology, Rockaway Hospital. The author writes from a systemic or functional viewpoint, so that structure, function, and disease have been integrated to present a unified clinical picture. Detailed as to procedure and technic, this volume is completely practical. Fabrikoid. Price, $4.50. Pp. 450 with 194 illustrations. Philadelphia: J. B. Lippincott Co., 1944.

FERTILITY IN MEN. By Robert Sherman Hotchkiss, B. S., M. D., Lieut Comdr. (MC) U.S.N.R., (on active service); Assistant Professor of Urology, New York University Medical College; Instructor in Surgery (Urology), Cornell Medical College; Assistant Visiting Attending Physician, Department of Urology, Bellevue Hospital; Assistant Visiting Attending Physician in Surgery (Urology), New York Hospital; Chief of Urological Clinic, New York University Medical College Clinic. The author handles his subject with clarity and perspective. His emphasis on the practical details of treating cases of male sterility makes the volume of great value to the practitioner. Fabrikoid. Price, $3.50. Pp. 216 with 95 illustrations. Philadelphia: J. B. Lippincott Co., 1944.

ARTIFICIAL PNEUMOTHORAX IN PULMONARY TUBERCULOSIS; INCLUDING ITS RELATIONSHIP TO THE BROADER ASPECTS OF COLLAPSE THERAPY. By T. N. Rafferty, M. D., formerly Resident Physician, William H. Maybury Sanatorium (Detroit Municipal Tuberculosis Sanatorium) Nashville, Mich. The purpose of this readable, vigorous monograph is to compare and evaluate existing standpoints and practices in the use of artificial pneumothorax. The developments of recent years that have radically altered the role of pneumonthorax in pulmonary tuberculosis receive major emphasis. Fabrikoid. Price, $4.00. Pp. 240 with 26 illustrations. New York: Grune & Stratton, 1944.



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA

Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

"Florida's Surgical Supply House"

HENRY L. PARRAMORE
Pres. and Gen. Mgr.

T. EMMETT ANDERSON
Vice-President

YOUR PATRONAGE GREATLY APPRECIATED

YOUR PROFESSIONAL SKILL DESERVES

Our Service



You use every care in determining the proper prescription to correct your patient's visual defects. You want that same kind of care exercised in translating your prescription into eyewear. Despite shortages of help and material, we are doing everything to maintain our quality standards. When you receive finished eyewear from our shops, your patient is assured of dependability.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

ADVERTISERS' NOTES

"COURAGE AND DEVOTION BEYOND THE CALL OF DUTY"

Through the cooperation of Mead Johnson & Company, $40,000 in War Bonds are being offered to physician-artists (both in civilian and in military service) for art works best illustrating the above title.

This contest is open to members of the American Physicians Art Association. For full details, write Dr. F. H. Redewill, Secretary, Flood Building, San Francisco, Calif.

SUNGLASSES FOR INVASION FORCES

The first cable from the French invasion front for additional supplies, received June 7 by the Air Service Command, Patterson Field, Fairfield, O., was for 10,000 aviation sun glasses manufactured by the American Optical Company, the concern was advised recently. A letter to the company from the office of the Army Air Forces representative in Boston further states:

"These 10,000 glasses were gathered from various depots and shipped by air transport to England. Because of this most urgent shipment, this office requested your concern to step-up its June deliveries which you very kindly have done, and we are pleased to report to you that the situation, as to sun glasses, is well in hand for the time being."

B & L COMPETITIONS REDUCE ABSENCE

Although the Bausch & Lomb Optical Company has a very low rate of absence, the employees, under the guidance of their Victory Committee, are making a determined effort to reduce it still further.

During the months of July and August, traditionally poor from an attendance viewpoint, a contest is being conducted under the name of the "Victory Roll Call." Eligibility for prizes is based on punctuality and attendance. The prizes are all expense trips to New York, and War Bonds.

As a result of a similar competition last year, unauthorized absence and tardiness fell to a new low. Plant officials estimate that an average of 3,400 man hours per week were saved for war production.

With continuing demand for war materials, and in the face of a dwindling manpower supply, this activity is considered to be a very definite contribution to the war effort.

SURGEONS ALMOST CAN 'GUARANTEE' TO SAVE WOUNDED

Penicillin and other "magic drugs," coupled with the miracle of fast aerial transportation of battle casualties, are enabling modern surgery to lower dramatically the mortality rate among gravely wounded American fighting men, Dr. Rudolph Matas, professor emeritus of surgery at Tulane University and former president of the American College of Surgeons, said in a recent nationwide broadcast.

As a direct result of these new life-saving weapons of medicine and surgery, he declared, as the guest speaker of Schenley Laboratories, the doctors at war have been able to limit the death toll among wounded who reach clearance stations to not over from 2 to 3 per cent. This compares with a death rate of from 20 to 30 per cent for the same type of wounds in World War I.

Citing the profound conviction of frontline surgeons in the effectiveness of the new drugs, Dr. Matas referred to the recent statement of a Navy doctor at Saipan: "If a man is not killed instantly, and if he is brought to us within an hour or so after being wounded, we can almost guarantee to save his life."

Effective
Convenient
Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

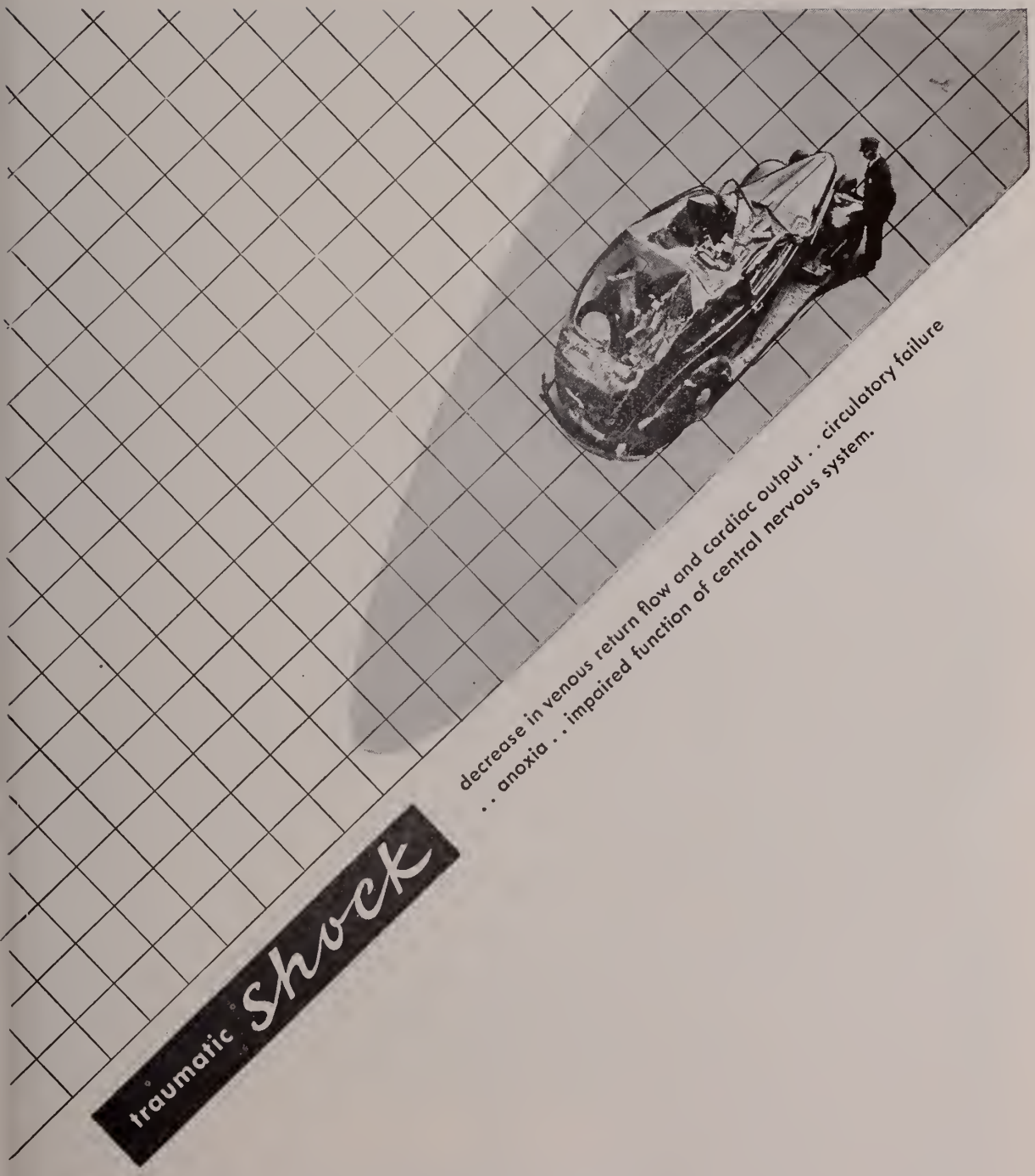
is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND



for prompt . . efficient . . reliable aid . . have on hand

*CORAMINE

CIRCULATORY AND RESPIRATORY STIMULANT

a Ciba Product

*Trade Mark Reg. U. S. Pat. Off.

Ciba Pharmaceutical Products, Inc., Summit, N. J.

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

HYGEIA

Dear Hygeia Chairmen:

As Auxiliary members, we recognize the value of Hygeia in every home as a means of keeping ourselves informed of the progress in medical science, but those who are actively engaged in health educational work in our clubs have seen the reaction of persons to whom Hygeia has been introduced for the first time.

Today, as never before, the public is seeking health information and is grateful to find that there is a publication available that is thoroughly reliable. Those who have given Hygeia gift subscriptions to friends have been thrilled by the expressions of appreciation. The introductory offer for new subscribers, six months for 65 cents, is still available. This is a birthday gift that will truly please.

During the past year Hygeia published 147 articles bearing on patient-doctor cooperation or health education, or both. The House of Delegates of the American Medical Association urged the Woman's Auxiliary to recognize as one of its chief activities, the promotion of the distribution of this publication, Hygeia, to parent-teacher associations, boards of education and similar bodies interested in education. The following are some of the reasons why we should "push" Hygeia.

It teaches the laity the only authentic way to health.

It tells health stories as physicians would have them told.

It creates confidence in the physician instead of in the cultist, the fanatic and the quack.

It overcomes prejudices and wrong ideas in medical matters.

It advances the needs for immunization from communicable diseases thereby performing an inestimable service for the community.

It tells the story of scientific research.

It teaches in nontechnical language the rules for health.

It is a clearing house for health news and views and health activity in all parts of the world.

Is your county making an effort to widen the influence of Hygeia in your community?

Mrs. Gordon H. Ira,
State Hygeia Chairman,
1334 Challen Ave., Jacksonville.

PATRONIZE

JOURNAL ADVERTISERS

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS EXCLUSIVELY

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For **$32.00** per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For **$64.00** per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For **$96.00** per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
Disability need not be incurred in line of duty—benefits from the beginning day of disability
86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.



with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective, and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS



Patient fixates one eye on horizontal line of light, then fixates other eye on vertical line. Relative position of resulting two lines in after image helps determine your prognosis.

AO AFTER-IMAGE TESTER

HELPS YOU DETERMINE THE PROSPECTS OF RESTORING BINOCULAR SINGLE VISION

In determining your prognosis of strabismus cases, the AO After-Image Tester helps you answer this important question, "What are the prospects of restoring binocular single vision?" In a simple and efficient subjective test, you can easily discover whether there is normal or anomalous retinal correspondence. In addition, you will be able to judge how firmly any abnormal relationship is established.

The more consistently this abnormal relationship is demonstrated, the more difficult it will be to awaken the original innate correspondence and the more likely is diplopia or suppression to persist. Therefore, it becomes extremely important to test any squint case for retinal correspondence with the AO After-Image Tester.

Your AO representative will gladly demonstrate the AO After-Image Tester.

American AO Optical COMPANY



BRAWNER'S SANITARIUM
Established 1910
SMYRNA, GEORGIA
(Suburb of Atlanta)
For Nervous and Mental Disorders
Drug and Alcohol Addiction.
Approved diagnostic and therapeutic methods.
Metrazol and Electro-shock in selected cases.
Special Department for General Invalids and Senile Cases at Monthly Rates
JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting October 16, October 30, November 13, and November 27. One Week Course in Colon and Rectal Surgery starting October 16.

GYNECOLOGY—One Week Course Vaginal Approach to Pelvic Surgery starting October 23.

OBSTETRICS—Two Weeks Intensive Course starting October 16.

ANESTHESIA—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

ROENTGENOLOGY—Courses X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

COMPONENT SOCIETIES BY MEDICAL DISTRICTS

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		13	100%	
A	Escambia *Santa Rosa	J. K. Turberville, M.D. Century	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	47	46	A-1-45 C. D. Whitaker, M.D. Marianna
A	Franklin-Gulf	T. A. Meriwether M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
A	Jackson *Calhoun	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	100%	
A	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
B	Columbia *Baker, Hamilton	Harry S. Howell, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	13	100%	A-2-46 G. Wilmot Brown, M.D. Tallabassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	38	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
B	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	W. E. Murphree, M.D. 1270 Seminole Ave. Gainesville	J. H. Thomas, M.D. 749 E. Main St. N. Gainesville	2nd Wednesday 7:30 P.M.	26	25	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
B	Duval *Clay	J. G. Lyerly, M.D. 514 Greenleaf Bldg. Jacksonville 2	O. E. Harrell, M.D. 712 Laura St. Jacksonville 2	1st Tuesday 8:15 P.M.	197	196	
B	Marion *Levy	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Thursday 12:30 P.M.	26	100%	
B	Nassau	W. A. Brewster, M.D. Callahan	Geo. A. Dame, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	6	
B	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
B	St. Johns	G. Walter Potter, M.D. East Coast Hospital St. Augustine	Charles C. Grace, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	100%	
B	Brevard	I. F. Bean, M.D. Melbourne	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	10	B-4-46 C. McK. Tyre, M.D. Eustis
B	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	100%	
B	Orange *Osceola	Duncan McEwan, M.D. 106 E. Central Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	93	92	
B	Seminole	Samuel Puleston, M.D. Brumley-Puleston Bldg. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	100%	
B	Volusia *Flagler	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	44	43	
C	Hillsborough	R. S. Torbett, M.D. 814 First Nat. Bk. Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	105	100%	C-5-46 W. Wardlaw Jones, M.D. Dade City
C	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	14	100%	
C	Pasco-Hernando-Citrus	S. C. Harvard, M.D. Brooksville	G. R. Creekmore, M.D. Brooksville	2nd Tbursday 7:00 P.M.	11	100%	
C	Pinellas	J. A. Hardenbergh, M.D. 404 Power & Light Bldg. St. Petersburg 5	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	110	100%	
C	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	100%	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Quarterly	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
C	Lee *Collier, Hendry	M. F. Johnson, M.D. Box 1266 Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	
C	Polk	W. F. Peacock, M.D. Barnett Embry Bldg. Bartow	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	61	60	
D	Palm Beach	J. L. Carlisle, M.D. 301 Guaranty Bldg. W. Palm Beach	E. W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
D	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	100%	
D	Broward	Robert Blessing, M.D. 409 Blount Bldg. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	44	100%	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	Wiley M. Sams, M.D. 305 Ingraham Bldg. Miami, 32	J. J. Nugent, M.D. 701 Huntington Bldg. Miami, 32	1st Tuesday 8:30 P.M.	349	340	
D	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	5	2	

*Supervise and aid until organized separately.

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles and boxes of 48 and 192 capsules. Ethically marketed.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

THE N.Y. ACAD
OF MEDICIN
NOV - 3 194
LIBRARY

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI NOVEMBER, 1944 No. 5

CONTENTS

The Challenge of Tuberculosis to the Physician, Henry C. Sweany, M. D., Chicago 199

Medical Events in the History of Key West, II. The African Depot, Lieut. A. W. Diddle, Iowa City, Iowa 207

Abstracts of Medical Articles 210

Editorial: What To Do? 212

From My Point of View 213

District Medical Meetings Postponed 214

Medicine in Duval County During Its Earliest Years 214

Relocated Physicians Temporarily Licensed 216

Marriages 216

State News Items 216

Component County Society Notes 220

Advertisers' Notes 222

Books Received 226

Woman's Auxiliary 228

Schedule of Meetings 230

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

Peptic Ulcer treatment with Phosphaljel

PHOSPHALJEL possesses antacid, astringent and demulcent properties analogous to those of aluminum hydroxide gel.

PHOSPHALJEL was used experimentally in the first successful attempt to prevent post-operative jejunal ulcer in Mann-Williamson dogs. It was found possible by the use of Phosphaljel to prevent such ulcers in 20 of 23 animals. In a group of animals allowed to develop Mann-Williamson ulcers, the administration of Phosphaljel caused complete healing of the ulcers in 9 of 10 animals. These results were described as "the best we have obtained with any therapy"(1).

These striking experimental results led to the use of Phosphaljel in the treatment of peptic ulcer in man (1,2,3,4,5) and disclosed its special value in those cases of peptic ulcer associated with a relative or absolute deficiency of pancreatic juice, diarrhea, or low phosphorus diet (1).

1. Fauley, G. B., Freeman, S., Ivy, A. C., Atkinson, A. J. and Wigodsky, H. S.: Aluminum Phosphate in the Therapy of Peptic Ulcer, Arch. Int. Med., 67:563-578 (Mar.) 1941.
2. Cornell, A., Hollander, F. and Winkelstein, A.: The Efficacy of the Drip Method in the Reduction of Gastric Acidity Am. J. Digest. Dis., 9:332-338 (Oct.) 1942.
3. Winkelstein, A., Cornell, A. and Hollander, F.: Intragastric Drip Therapy for Peptic Ulcer; Summary of 10 Years' Experience, J.A.M.A., 120:743-745 (Nov. 7) 1942.
4. Upham, R., and Chaikin, N. W.: A Clinical Investigation of Aluminum Phosphate Gel, Rev. of Gastroenterol., 10:287-297 (Nov.-Dec.) 1943.
5. Lichstein, J., Simkins, S. and Bernstein, M.: Aluminum Phosphate Gel in the Treatment of Peptic Ulcer. Am. J. Digest. Dis. In Press.



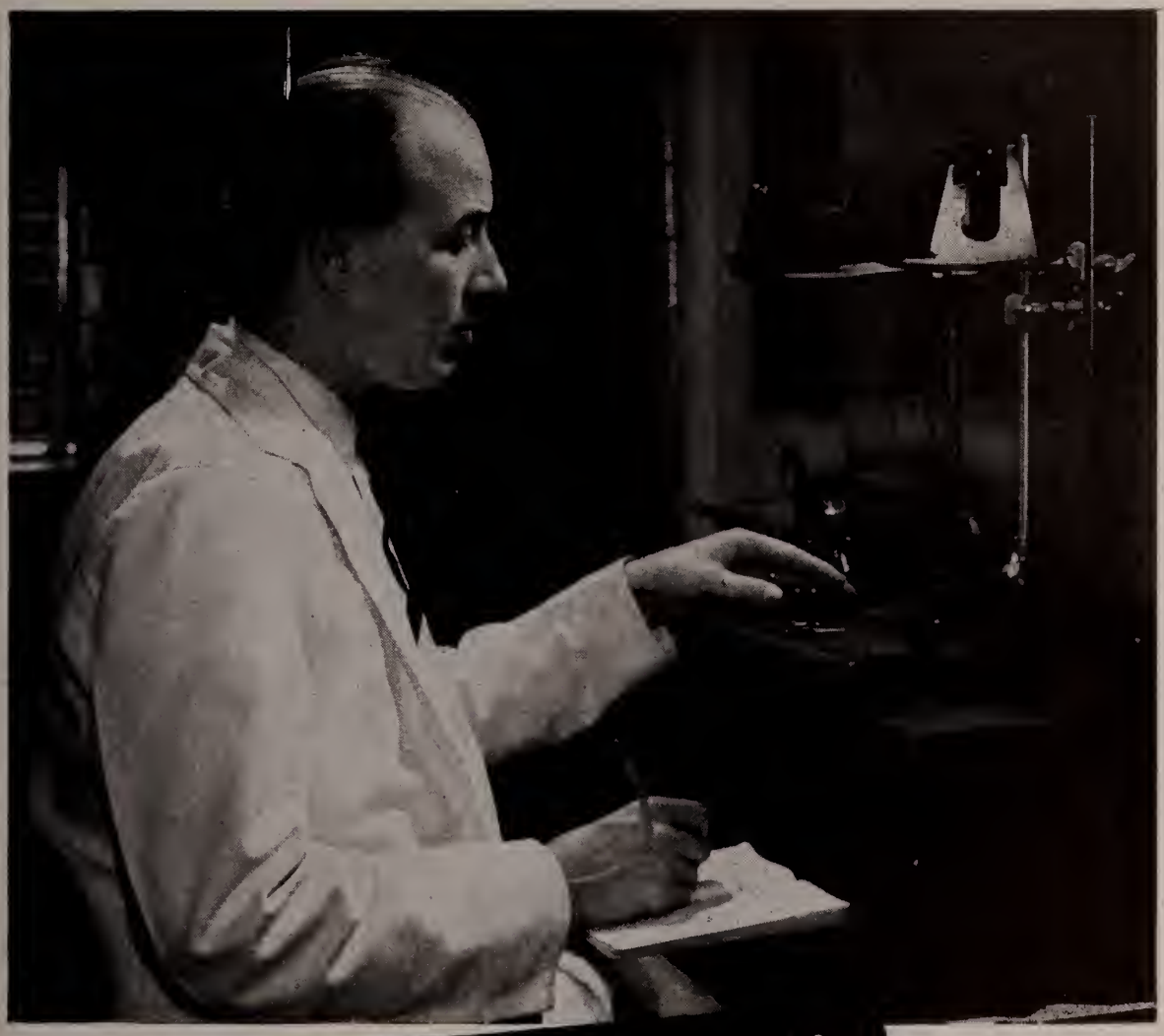
PHOSPHALJEL

REG. U. S. PAT. OFF.

AN ALUMINUM PHOSPHATE GEL PREPARATION
CONTAINING 4% ALUMINUM PHOSPHATE

Wyeth

WYETH INCORPORATED, PHILADELPHIA 3, PENNA.





In vitamin research we are continually studying nutritional factors of unknown composition, the absence of which cause deficiency diseases. We're looking for more information on the vitamin B complex, we're seeking more facts relating to the fat soluble vitamins A, D and E; we're searching out new dietary factors of clinical importance . . . we're looking for new sources, syntheses, and symptoms.

Vitamin research by Parke-Davis has contributed much to the development of this field, from the days of our original standardization work back in 1916 down to the recent isolation of vitamin B_c.

PARKE, DAVIS & COMPANY DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917, authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



BRAWNER'S SANITARIUM
Established 1910
SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.



A call to the colors

AO COLOR PERCEPTION TEST—SERVING ARMY AND NAVY—ALSO AVAILABLE TO PROFESSIONS.

Approved by the Surgeon General of the U. S. Navy ... used officially both by the Navy and the Army ... AO's Pseudo-isochromatic Color Perception Test also is available for professional use. Combining the best features of the Ishihara and Stilling collections, this durably-bound volume of 46 charts is simple and efficient to use.

Call your AO representative for a complete demonstration of the AO Pseudo-isochromatic Color Perception Test. Price of set—$10.

American Optical COMPANY

In the Management of Severe Third-Degree Burns

much has been learned through the unfortunate occurrence of the Cocoanut Grove fire at Boston. The numerous reports in the medical press emphasize the need for large amounts of dietary protein of adequate biologic value, given as early as possible.* Meat is one of man's main sources of protein that can be eaten with relish several times daily in goodly quantities; its proteins are of highest quality, and it contributes to the satisfaction of the greatly increased vitamin requirements as well.

*"All the patients with ten per cent of surface area, or more, involved in third-degree burns became serious nutritional problems. . . . All patients were started on high protein, high vitamin diets. . . . This diet contained 140 Gm. of protein." (Clowes, G. H. A., Jr.; Lund, C. C., and Levenson, S. M.: The Surface Treatment of Burns, Ann. Surg. 118:761 [Nov.] 1943.)

". . . at least from 200 to 300 grams of protein is needed for replacement alone. One must give the patient as much food as he can take . . . give him a good protein, one that contains all of the essential amino acids." (Elman, R.: Physiologic Problems of Burns, J. Missouri M. A. 41:1 [Jan.] 1944.)



The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

AMERICAN MEAT INSTITUTE

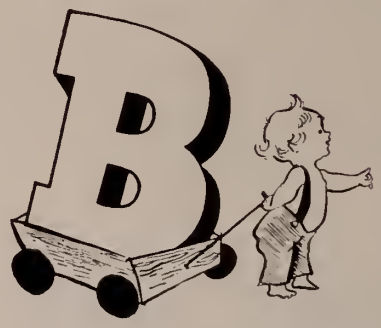
MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

The "ABC" of Vitamin D Therapy



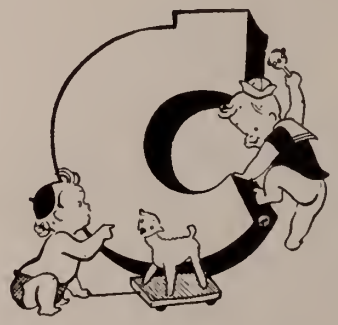
Prevention of rickets is part of the daily routine in the care of infants and young children. Hence there is a big advantage in simplifying the administration of vitamin D.

•



Two drops of Drisdol in Propylene Glycol in the daily ration of milk is the prophylactic dose.

•



Drisdol in Propylene Glycol disperses uniformly in milk and does not affect its palatability.

WINTHROP

DRISDOL

Reg. U. S. Pat. Off. & Canada

In Propylene Glycol

Brand of Crystalline Vitamin D from ergosterol

ACCEPTED AMERICAL MEDICAL ASSN

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N.Y. WINDSOR, ONT.

What's In A RIM

The coil spring in the rim of the "RAMSES"* Diaphragm is flexible in all planes, permitting adjustment to muscular action.

The spring used has sufficient tension to insure close contact with the vaginal walls during use.

The spring is covered with soft rubber tubing which serves to protect the patient against undue spring pressure. Also provides a wide unindented area of contact.



Cut away section of "RAMSES" Diaphragm Rim. Note cushion of rubber tubing which protects against spring pressure; provides smooth unindented area of contact with vaginal walls.

End view of "RAMSES" Diaphragm Rim showing coil spring imbedded in rubber.

ACCEPTED A.M.A.

"RAMSES" Flexible Cushioned Diaphragms are supplied in sizes ranging from 50 to 95 millimeters. They are available through any recognized pharmacy. Only the "RAMSES" Diaphragm has the patented flexible cushioned rim.

*The word "Ramses" is the registered trademark of Julius Schmid, Inc.

gynecological division

JULIUS SCHMID, INC.

Established 1883

423 West 55 St. New York 19, N. Y.

MARK OF Ramses DEPENDABILITY

'Particularly valuable'



• Globin Insulin with Zinc is "particularly valuable ...in regulating patients who have a rise of blood sugar after eating only..." reports Herman O. Mosenthal, M. D. (J. A. M. A. 125, 483-488, June 17, 1944.)

Diabetics of this type who are well controlled throughout the twenty-four hours with a single injection of 'Wellcome' Globin Insulin with Zinc, depend for this control on Globin Insulin's rapid onset of action and sustained day-time effect. Its diminishing action at night tends to minimize nocturnal insulin reactions.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic reactions, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198.

Available in vials of 10 cc., 80 units in 1 cc.

Literature on request

BURROUGHS WELLCOME & CO. (U. S. A.) INC.

9-11 East 41st Street, New York 17, N. Y.

'WELLCOME'

GLOBIN INSULIN

WITH ZINC





ACCEPTED AMERICAN MEDICAL ASSN.

LACTOGEN

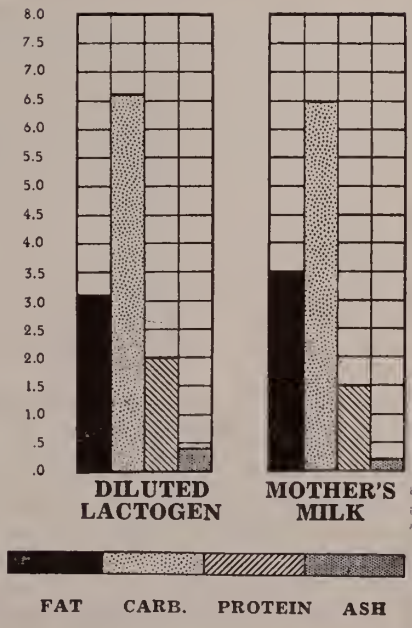
approximates women's milk in the proportion of food substances

THE cows' milk used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water it results in a formula containing the food substances — fat, carbohydrate, protein, and ash — in approximately the same proportion as they exist in women's milk.

One level tablespoon of LACTOGEN dissolved in 2 ounces of water (warm, previously boiled) makes 2 ounces of LACTOGEN formula yielding 20 calories per ounce.

No advertising or feeding directions except to physicians. For feeding directions and prescription blanks, send your professional blank to "Lactogen Department."

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."—JOHN LOVETT MORSE, A.M., M.D., *Clinical Pediatrics*, p. 156.



NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.

"THE WORLD IS FLAT!"
said many long ago!



"CIGARETTES ARE ALL ALIKE!"
say many today!

"*One cigarette less irritating than another? Nonsense . . . they're all the same!*" You have probably heard that as often as Columbus heard the world was flat!

BUT there *is* a difference in cigarettes. PHILIP MORRIS *are* measurably less irritating to the nose and throat. That is no longer a matter of speculation. It has been *proved.* Conclusively. Both in the clinic and the laboratory. And to the complete satisfaction of respected medical authorities, whose studies have been published in the foremost medical journals.*

May we urge you to try PHILIP MORRIS Cigarettes yourself? We know of no better way to convince you than actually to *see* the results.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Heroes of the United States Medical Services



SURGEON GENERAL
PRESLEY MARION RIXEY
(1852-1928) U.S. Navy

Father of Naval Medical Instruction

Conceiving Naval Medicine to be a distinct specialty, Dr. Rixey sent Naval Medical Officers to important civilian institutions for post-graduate training and eventually established the now famous Naval Medical School in Washington. Under his administration, every Naval Hospital was modernized, five new ones built, three new supply depots established, the strength of the Corps doubled, the Nurse Corps created, the Naval Medical Bulletin founded and compulsory annual physical examinations for officers instituted.

Surgeon General Rixey's work contributed materially to developing a Medical Corps so well informed that today, with our Navy in all parts of the world, the many new diseases to which the men are exposed are usually quickly brought under control thus protecting the lives of many thousands of officers and men.

© 1944, C. P. P., Inc.



Ciba Pharmaceutical Products, Inc. salutes the men in the Medical Services of the United States as well as those in civilian forces responsible for health "behind the lines."

Ciba
Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH


A CONSTANT STANDARD
FOR over a decade the potency of Digifolin* has been constant and unvarying . . . its standards and assay methods have not changed. The physician is assured of predictable results in dosages he has always used.
DIGIFOLIN
Ampuls • Tablets • Solution
ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry
*Trade Mark Reg. U. S. Pat. Off. "Digifolin" identifies the product of digitalis glycosides of Ciba's manufacture.
ARMY (E) NAVY
Ciba
Tomorrow's Medicines from Today's Research
Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
CANADIAN BRANCH: MONTREAL, QUEBEC

HASTEN THE DAY!



YOU can help hasten the day—THE day of final unconditional surrender—by investing your war-time earnings in War Bonds.

Hastening the day means shortening casualty lists. In war, bullets, shells and bombs are exchanged for lives. The War Bonds you buy help pay for the bullets, shells and bombs that will speed the victory.

Your consistent War Bond investments will work for you too at the same time that they work for your boy in service. They will give you that luxurious feeling of freedom that goes with a well-lined pocketbook. For whatever you may desire ten years from now, your War Bonds will add one-third more to what you've invested.

Help hasten the day of victory, and help make that victory more secure—buy your War Bonds today.

BUY WAR BONDS

FLORIDA MEDICAL ASSOCIATION

This is an official U. S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

In choosing an Estrogen consider...

Convenience
Comfort
Cost

. . . *because* it can be administered orally, makes for CONVENIENCE for you and your patient.

. . . *because* it effectively relieves symptoms and apparently produces no more untoward reactions than do natural estrogens, your patient's COMFORT is assured.

. . . *because* it is very moderately priced in both tablets and solution, COST, as a possible objection, is ruled out.

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N.Y.

*Reg. U. S. Pat. Off. The trademark OCTOFOLLIN identifies the Schieffelin Brand of Benzestrol

OCTOFOLLIN TABLETS
0.5. 1.0. 2.0. 5.0 mg.
Bottles of 50. 100 and 1000

OCTOFOLLIN*
Schieffelin Brand of Benzestrol
(2, 4-di (p-hydroxyphenyl)-3-ethyl he .ane)

OCTOFOLLIN SOLUTION
5 mg. per cc in oil
Rubber capped vials of 10 cc

Theocalcin

COUNCIL ACCEPTED



More Comfort for the Cardiac Patient

Prescribe Theocalcin 1 to 3 tablets t. i. d., to diminish dyspnoea, reduce edema and bring comfort to your cardiac patients. Theocalcin is a well tolerated diuretic and myocardial stimulant.

Theocalcin (theobromine-calcium salicylate) is available in 7½ grain tablets and as a powder. Theocalcin Trade Mark reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP.
ORANGE, - - - NEW JERSEY



Proud...of course she is



'Dexin' does make a difference

Her baby is a happy, contented 'Dexin' baby, untroubled by the seasonal intestinal upsets all too commonly associated with excessive carbohydrate fermentation.

When 'Dexin', a high dextrin carbohydrate, is used as the milk modifier, infants are notably free from intestinal fermentative reactions. 'Dexin' reduces the possibility of distention, colic and diarrhea.

'Dexin' formulas are easily digested. The high dextrin content favors soft milk-curd formation. 'Dexin' is readily soluble in hot or cold milk. Dexin reg. trademark

Literature on request

ACCEPTED AMERICAN MEDICAL ASSN

COMPOSITION

Dextrins	75%	Mineral Ash	0.25%
Maltose	24%	Moisture	0.75%

Available carbohydrate 99% 115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce

'Dexin'

HIGH DEXTRIN CARBOHYDRATE

BURROUGH WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.

BEING a stable, organic iodide, NEO-IOPAX may be used with greater safety than other types of iodine preparations in all age groups. Because of its optimal iodine content and its rapid excretion in high concentration, diagnostic films may be obtained within five minutes after injection. NEO-IOPAX is usually well tolerated both by intravenous injection and retrograde administration.



Neo-Iopax

IN INTRAVENOUS UROGRAPHY

IN RETROGRADE PYELOGRAPHY

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

SOLUTION NEO-IOPAX: Crystal-clear solution of disodium *N*-methyl-3, 5-diiodo-cheli-damate in 50% and 75% concentration.

COMBINATION economy package of 50% solution containing both 20 cc. ampules and 10 cc. ampules: also 75% solution in ampules of 20 cc. or 10 cc.

SCHERING CORPORATION · BLOOMFIELD · N. J.

FOR VICTORY AND AFTER: BUY WAR BONDS

Double Safety for Babies' Health...
BIOLAC, the Complete Infant Formula!

1. All ingredients in BIOLAC are sterile.

You can have complete confidence in its purity, for Biolac is sterilized, as well as evaporated and homogenized.

Biolac provides for *all* nutritional needs of young infants, except vitamin C. This completeness assures you that the baby will get all the nutritional elements required—in amounts necessary for optimal growth and health.





2. BIOLAC minimizes errors.

It's easy to prepare.

Less chance of upsets due to errors in preparing formulas. Less chance of formula contamination. Biolac requires only dilution with boiled water, as you prescribe. No extra ingredients to calculate.

For standard formulas, simply dilute 1 fl. oz. of new concentrated Biolac with 1½ fl. ozs. water. Feed 2½ fl. ozs. of this formula daily for each pound of body weight.

Biolac is readily available at all pharmacies, in the new 13 fl. oz. can. Therefore, no interruption of feeding schedules.

ACCEPTED AMERICAN MEDICAL ASS'N

**Biolac is prepared from whole milk, skim milk, lactose, vitamin B, concentrate of vitamins A and D from cod liver oil, and ferric citrate. Evaporated, homogenized, sterilized. Vitamin C supplementation only is necessary. For detailed information, write Borden's Prescription Products, 350 Madison Avenue, New York 17, N.Y.*



NO LACK IN

BIOLAC

Borden's complete infant formula*



The hunting trip, when he got the deer he's still so proud of . . . the grilled steak suppers in the backyard . . . the ship model he was working on before he left . . .

These are the things he writes home about . . . the little things that he looks forward to returning to. For it's the little things—the small familiar pleasures—that to him as to all of us, add up to home.

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. Wholesome and satisfying, how good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.



Men of the Marine Corps say letters keep up morale . . . write that V-Mail letter today!

A glass of beer or ale—not of crucial importance, surely . . . yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his.

Morale is a lot of little things

(As you, Doctor, know better than most)

BREWING INDUSTRY FOUNDATION

Not Lances, but a *Lancet*



He's a man of battle. He doesn't charge in with lance atilt—or its modern equivalent the bayonet, the Tommy gun, the Garand—but he's fighting for life, all the same. The lives of other men... and constantly at the risk of his own in those advanced dressing stations and field hospitals. Bombs lash down . . . shells burst . . . but he stays at his post.

Once in a while he has a moment to himself. A moment of relaxation : . . time for a cigarette . . . time for a Camel. With men in all the services, Camel is the favorite according to actual sales records.

COSTLIER TOBACCOS **Camels**

Reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



MORE SPACE THAN THE *Merchandise Mart*

FIVE SWIFT STRIDES carry Henry Lawson across his prescription department from front to back. Yet there at his finger tips is a representative stock of the important therapeutic agents selected from the markets of the world. Squarely back of Pharmacist Lawson are untold acres of floor space, housing endless rows of machines, neat stock piles of raw materials, an infinity of shelves loaded with finished products produced by the pharmaceutical manufacturers who serve over fifty thousand such prescription departments with needed medicaments. Through the combined efforts of manufacturer, wholesaler, and dispenser, needed drugs are made available to the medical profession without delay.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly



"Invest in America's future". . . BUY BONDS

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI Jacksonville, Florida, November, 1944 No. 5

THE CHALLENGE OF TUBERCULOSIS TO THE PHYSICIAN

HENRY C. SWEANY, M. D.
CHICAGO

INTRODUCTION

In these strenuous times it is not always easy or pleasant to travel to lecture assignments. There are so many attractive features about a trip to Florida, however, that an invitation is not only a special honor, but also an opportunity to make a contribution to the cause of tuberculosis in exceedingly pleasant surroundings.

In selecting the title, I hope I may be forgiven for promoting one of my hobbies. I am a firm believer in the ability and obligation of the physician to handle medical affairs and I am convinced that there is no better way to help solve the problem of tuberculosis than by enlisting the help of the whole medical profession with special emphasis on the general practitioner.

In the past, physicians were practically without control of tuberculosis because they could do little for it. So deep-rooted was the disease in human society that the wisest of physicians were unable to offer much material help in stopping its ravages. Little could be given but palliation from suffering.

The chief reason for the chaos was largely the protean nature of a then mysterious disease which masqueraded in many forms. Tuberculosis was, and still is, in one instance a fulminating fatal pneumonia, and in another, a fibroid caseous and calcareous process that would last a lifetime; a small local lesion, or an involvement of a whole lung, with generalized septicemia; a disease of small fibroid miliary lesions, or one having soft spreading yellowish tubercules; small nodular acinous lesions, or large nodules and infiltrates; encapsulated and calcified lesions of all sizes, or excavations in the form of cavities; and finally a disease confined to the lungs, or one affecting any organ or tissue of the body with corresponding symptomatic effects. It was not one disease, but virtually a hundred!

HISTORY OF THE DISEASE

Because of the enigmas that were continually appearing, the whole history of tuberculosis is replete with controversial encounters. One of the first of consequence was over the nature of the miliary tubercle. Bayle described the small, hard, translucent nodule, which he called the "gray granulation." Laennec, who was Bayle's brilliant pupil, described the soft yellowish "miliary tubercle" and claimed in opposition to Bayle that the "gray granulation" was merely an early stage of the "miliary tubercle," or was in Laennec's words the "green fruit," and the miliary tubercle was the "ripe fruit." It was perhaps the only time that Laennec was ever on the wrong side of a medical argument, as later events have proved that both types of lesion may exist independently, although he correctly claimed that all tuberculous lesions are due to one cause.

Fifty years later another more notorious controversy was over the identity of nodular tuberculosis and Rinehardt's caseous pneumonia. Virchow, opposing Laennec's "unity doctrine," separated tuberculosis into two different entities, namely, the "tuberculosis" caused by the tubercle, which he ascribed to an "hereditary neoplastic diathesis," and caseous pneumonia, which, he argued, was only inflammatory. This classification, mind you, was from the greatest pathologic anatomist of the nineteenth century! So thoroughly did this doctrine pervade the continent that Niemeyer[1] was prompted to make the incredible statement that the "worst thing that could happen to the consumptive was to become tuberculous."

There were many other ancient and modern conflicts of opinion, and there still exist unsettled aspects regarding the nature of tuberculosis. For example, sarcoidosis, at first considered a peculiar type of lupus, appears to look more and more like a form of tuberculosis which may involve every organ of the body. Irrespective of the ultimate truth, sarcoid hovers around tuberculosis like smoke to fire and reminds one of the old Virchow controversy all over again. Just as Koch's discovery cleared up "dualism," so a better understanding of the bacteriology and immunity phenomena of tuberculosis may clear up the sarcoid problem.

Acute and chronic, malignant and benign forms of the disease have appeared at unpredictable moments and have lead to numerous misunderstandings. Spontaneous cures have taken

From the Research Laboratories of the City of Chicago Municipal Tuberculosis Sanitarium.
Read before the Seventy-First Annual Meeting of the Florida Medical Association, St. Petersburg, April 13, 14, 1944.

place, and some form of therapy, prevalent at the moment, would perchance receive the credit. In this manner scores and perhaps hundreds of remedies have made their periodic appearance only to fall into disrepute after thousands of trusting consumptives had paid with their lives for the privilege of trying the phantom cure. Koch's lymph, or old tuberculin; Friedmann's turtle vaccine; Deycke and Much's partigens; serums of all sorts from cattle, horses and asses; and gold, copper, iodine, carbon, creosote and oil of garlic are some of the more recent "cures" that come to the mind out of the hundreds and, except for the limited use of the few, all have passed into oblivion. The procession still goes on, and be it said that an honest search should continue; a more scientific evaluation and greater conservatism are, however, necessary.

As a result of the many fruitless efforts and the utter lack of understanding, all but a conspicuous minority of reputable physicians abandoned attempts to do something for the tuberculous sick. Quacks flourished and preyed upon these patients like vultures. Conditions became so serious that humanitarian laymen joined the few stouthearted physicians in their efforts to hold the line in the face of great odds.

Science finally triumphed. Knowledge of the disease, coming down the centuries in a trickle, eventually emerged into worthwhile proportions with the work of the great French school of Bayle, Laennec and Louis at the beginning of the nineteenth century. With Villemin and Koch the day dawned, and the first leg of the race with tuberculosis was won. As Koch said, they could henceforth fight an enemy in the open. The way seemed clear, and the end of the plague seemed near. As tuberculosis cannot develop without an infection with tubercle bacilli, and as tubercle bacilli in all but a small minority of instances came from open cases of tuberculosis, it was obvious that the most important possibility for eradicating the disease was to break and prevent contacts with open cases.

In addition, Koch believed that he could cure the disease by his tuberculin, but, as stated before, this phase of Koch's work was a dismal failure. Tuberculosis baffled all men sometimes and some men all the time. As a result of the recommendations and example of Biggs,[8] however, in the early nineties, and the efforts of public spirited laymen, the difficult task of isolation of open cases was successfully begun. In consequence, death rates soon began to fall and are still declining.

Nevertheless, the cure, as already pointed out, yielded results more slowly and imperfectly than anticipated. Brehmer, Dettweiler and Trudeau in the middle and latter parts of the nineteenth century developed the tedious, but effective, rest cure. In 1884 the greatest single therapeutic advance was Forlanini's extension of rest by the application of pneumothorax. Many other forms of surgery of the lung have since been successfully developed and found suitable for about half of all seriously ill patients. But all too large a percentage,—from a third to a half of the patients with advanced disease—still face a losing battle with tuberculosis.

PATHOLOGIC ASPECTS

As it would be futile to go into details regarding all the scientific developments pertaining to the tubercle bacillus and its effect on the body, only general statements with a few illustrations can be presented in the hope that they will give the reader an understandable global view of the situation as it exists today.

The changes produced by the disease in the body usually begin in the lungs as the result of inhaling bacilli for the infection causes a local pneumonia of small or great proportions. The small lesions usually heal by encapsulation and calcification, leaving so-called Ghon foci. The large lesions, as a general rule, produce massive disease; some heal, but others progress and lead to death. With every first infection of the lungs there is a progression along the course of the lymphatics to the blood stream. Primary lesions in the lymph nodes resemble the lesions in the parenchyma (Parrot, Ghon, Ranke). The younger the person usually the larger the lesions of the lymph nodes. Within from three to ten weeks after infection all cells of the body become sensitized and react to tuberculin. Many bacilli reach the blood stream, return to the lungs again and then go all through the body. Thus in many instances extra pulmonary foci result in later years.

In children the lesions of the lymph nodes may rupture causing spread of the disease by the bronchi. In adults most of the infection is confined to the parenchyma of the lung with a reduced size of the lesions of the lymph nodes and a lessened tendency to become generalized. In the minority of cases, exogenous reinfections occur, which are

almost entirely confined to the parenchyma and usually spread from the apical regions towards the bases. Bacilli may spread to other canals, as the lymphatics, bronchi, gastrointestinal and genitourinary passages, and serous cavities. They may drive directly through tissues, or migrate between fascial bands to result in sinuses.

The variations of the disease may be confusing; yet the whole complex situation may be simplified if interpreted in terms of the two biologic variables, the host and the parasite. Since the human host is the same as that afflicted with other diseases such as smallpox and typhoid fever, wherein the end results do not present the wide latitude of variation, the chief cause of the variability would seem, therefore, to be due to the parasite. The densely encapsulated, slow growing, tubercle-producing parasite with its varied characteristics and difference in type, dosage and virulence, and with its varied responses to the host in time and quantity of reaction, seems to be responsible for much of the variability of the many sided disease. For the host there are age, race, sex, dietary status, constitution, specific and nonspecific immunity, hypersensitivity, and age of the lesions to interplay with the other variables.

By assembling all the favorable factors on one side and the unfavorable factors on the other, the disease may be divided into its two most extreme types. On the one hand, there are the exudative, pneumonic, ulcerative and unusually malignant forms, and on the other, the proliferative, productive, fibroid, discrete nodular and usually benign forms. By a change of any of the variables, a slightly different result is obtained, and the many types of disease may be visualized in the permutations and combinations of the numerous variables. For instance, small doses of a hematogenous infection in a resistant host should tend to produce the purely fibrotic "gray granulations" of Bayle, while the varying-sized miliary tubercles of Laennec are perhaps due to many larger doses, together with factors in the host which tend to cause exudation. A few pertinent illustrations will serve to impress the meaning of these changes.

Figure 1 illustrates a type of primary infection frequently observed in peoples off the beaten path of civilization, including far Northern Europeans, South Sea Islanders and many aboriginal peoples. Most Southern Negroes and many Northern Negroes seem to belong to this

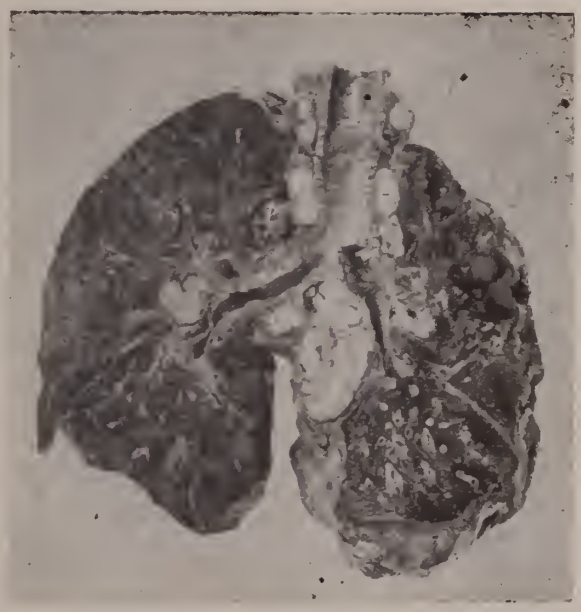


Fig. 1.—Posterior view of sagittal section of the lungs of J. L., a Negro man aged 22, born and reared in New Orleans, who came to Chicago recently. The soft progressive lesions, probably of six or eight years' duration, had only isolated foci of calcification. In this type of primary infection, observed in most Southern Negroes and many Northern Negroes, the parenchymal focus is too small to be found and the lymph nodes of the abdomen and neck are enlarged; otherwise, it resembles the type of primary lesion occurring in children.

group. This type of the disease differs even from the classical primary infection of childhood in that the parenchymal focus is too small to be located: also, the lymph nodes of the abdomen and neck are enlarged. Otherwise, it resembles the type of primary lesion observed in children.

The patient in this case was a 22 year old Negro man, born and reared in New Orleans, who came recently to Chicago. The lesions were soft and progressive, and they had only isolated foci of calcification. They were believed to be of six or eight years' duration, which would place the time of infection in late puberty. The patient was subjected to pneumothorax on the right side, which was unsuccessful, and also to a two-stage thoracoplasty. In addition, he had tuberculous laryngitis, enteritis and amyloidosis of the parenchymatous organs.

The photograph in figure 2 shows a type of lesion resembling that presented in figure 1 except that the lymph nodes are not so large and are more recent in origin. The patient, a 21 year old Negro man born in Chicago, had a huge cystic right kidney, a tuberculous left kidney, adhesive pericarditis, tuberculosis of the adrenals and a terminal generalized miliary tuberculosis.

In figure 3 an anterior view of the lungs of a 21 year old Negro woman is shown. Born in



Fig. 2.—Sagittal section of the lungs of T. M., a Negro man aged 21, a native of Chicago. The type of lesion is similar to that shown in figure 1 except that the lymph nodes are not so large and are more recent in origin.



Fig. 3.—Anterior view of the lungs of H. H., a Negro woman aged 21, who was born in Monroe, La., and came to Chicago at the age of 3 years, as shown in a. Note the massive infiltrate in the right upper portion and the diminishing size of the lymphatic node foci. The 3 mm. focus in front of the trachea is enlarged in b and reveals a lesion of less than two years' duration.

Monroe, La., she came to Chicago when she was 3 years of age. She had contact with a friend who died one and a half years before her death. In *a* the massive infiltrate and the diminishing size of the lymphatic node foci may be noted. The 3 mm. focus in front of the trachea is enlarged in *b* and reveals a lesion of less than two years' duration. This patient also suffered from severe tuberculous laryngitis and enteritis, and an early generalized disease.

As adult life is reached, the type of progressive primary infection illustrated in figures 4, 5 and 6 becomes more prevalent, especially in the great centers of population. Also, it occurs with greater frequency in the white than in the dark races. In this case the patient was a Negro man 22 years of age who was born and reared in Chicago, had no known contact and was ill one year. At autopsy, a roentgenogram of the lungs, mesentery and spleen, (fig. 4) gave no evidence of calcified lesions. Only one bronchopulmonary lymph node lesion (fig. 5) was found; no others were found anywhere. A low power magnification of this lesion (fig. 6 *a*) is shown. A higher magnification of the capsule (fig. 6 *b*), which is outlined by a square in figure 6 *a*, indicates that the lesion was of two or three years' duration.

EPIDEMIOLOGY AND PATHOGENESIS

Based on Krause's appraisal[3] of the tuberculin studies made in Vienna, especially those of Pirquet, and Hamburger and Monti about 1908, the chart shown in figure 7*A* indicates that every person in the sampled groups must have been infected by the age of 20 years. Since the life expectancy at that time was only 45 years, nearly 80 per cent of all persons were infected.

The chart shown in figure 7 *B* represents the work of Chadwick and Zacks[4] in Massachusetts in 1930, showing that less than half of the population was infected as of that year. These figures are approximately a third less than those reported by Armstrong[5, 6] in 1917 for Framingham in the same state, where from 75 to 90 per cent were infected. At the same rate of decrease, infection should be present in only about 30 per cent of the total population in Massachusetts at the present time.

In the chart shown in figure 7 *C* Slater's figures[7] for a well-to-do farming community in Minnesota show that only 10 per cent of the school children were infected, or about 30 per cent of the total population as of the year 1924. Today there are some counties in this locality without a death from tuberculosis for a whole year.

These three charts reveal that the tuberculization of the race varies according to location, time era and perhaps the particular group of the population sampled. They all, however, show a marked downward trend in tuberculous infection.

so that probably between a third and a half of the population of the United States is all that is infected today, or at least up to the advent of the present war.

In all but a small minority of fulminating types the prodromal or developmental period of the disease is of several years' duration. By carefully studying a group of patients, I[8] have observed that it takes an average of seven years from infection to active disease. In primary infections and reinfections of young adults the period is usually from three to four years. This period constitutes, therefore, the years of grace for finding the disease while it remains a minor problem. It is clear that an examination every three years will reveal most of the active cases, and the rest of the problem should become simple.

In order to give their full cooperation, physicians should first become interested and understand this old disease in an entirely new light. I shall discuss the more important features.

The epidemiology and incidence of the disease today are in contrast to these features fifty years ago. Although most of the figures are mere approximations, certain definite facts are clear. In the country at large today, for example, the tuberculin test reveals that less than half the population are infected, whereas there was total infection at the age of 20 years as recently as fifty years ago. Most of the infections heal with varying degrees of speed, and the bacilli become killed off, but there is always a residue of about 10 per cent bearing living bacilli. Studies[9] in which I collaborated showed that in over 16 per cent of the cases living bacilli were revealed on cultures, and in about 4 per cent more the disease was deemed active by animal inoculation or pathologic study. It would be conservative to estimate that 10 per cent of old infections still carry living bacilli and that of this number only about 10 per cent, or 1 per cent of all infections, show signs of clinically significant disease. This estimate is borne out by many recent surveys[10, 11, 12] indicating that approximately 0.8 per cent of all persons show some clinically significant lesions.

Furthermore, in most of this group these lesions of clinical significance will heal, but many among this number will become the patients of tomorrow. Of the clinically significant cases



Fig. 4.— Roentgenogram of R. K., a Negro man, born and reared in Chicago, showing shadows of the lungs, mesentery and spleen at autopsy with no evidence of calcified lesions. This photograph and those shown in figures 5 and 6 illustrate the type of progressive primary infection more prevalent as adult life is reached, especially in large centers of population.



Fig. 5.—The only bronchopulmonary lymph node lesion present in the lungs of R. K. (fig. 4) is shown. No others were found anywhere.

at any one time, probably about 10 per cent are bacillus carrying open cases, comprising from 0.1 to 0.2 per cent of all infected cases.

While the preceding figures are largely approximations, there are absolute figures which are revealing. First, there were 57,002 deaths from tuberculosis in the United States in 1942.[3] This is a death rate of 43 per 100,000 of the population and means that there is about 1 death per 2,300 persons yearly. Also, there was about 1 death per 1,200 infected persons in 1942. Taken over the whole life expectancy period of sixty-two years, it means that at the rate for 1942 almost 5 per cent of all persons infected with tubercle bacilli die of the disease. By calculating the death rate with life expectancy twenty-five years ago a comparable figure may be obtained. Armstrong's figures[5] give the deaths from tuberculosis as probably from 8 to 10 per cent of all the population when 75 to 90 per cent of the population were infected. When one considers that reinfections were more common in Armstrong's time, the deaths per total number of infections now are little less than they were twenty-five years ago, while the death rate is nearly four times less.

The decrease in "deaths per infection" is almost what could be accounted for by the advances in early diagnosis and the extended use of collapse therapy. The salient fact remains that the tubercle bacillus has lost little of its terror and still is as dangerous as ever in its ability to produce disease and death.

DIAGNOSIS AND TREATMENT

Along with the changes in epidemiology and pathology have come phenomenal advances in diagnosis. Due to the nature of the disease, physicians have always been "shooting behind the target" in the diagnosis. In earlier days it was the hectic flush, the phthisical habitus and almost the death rattle that made the diagnosis. Usually this was from five to ten years too late. Then came an application of physical findings, a great advance. Then Koch's discovery brought in the positive sputum. These new weapons moved the "gun sights" up several years. Finally the x-ray was developed, and its use has become more and more effective with every new improvement. Together with a skillful use of tuberculin, the modern x-ray affords the basis of a simple and sound diagnostic system which every physician may readily adopt and which enables the "gun bead" at long last to be aimed at the target.

Few diseases have had more phenomenal changes in treatment. As a result, tuberculosis has been taken out of the hopeless class of diseases and made an acting part of internal medicine.

In attempting to improve the present situation and accomplish an all out success in eradicating tuberculosis, the members of the medical profession have an opportunity to reclaim some of their heritage, which was missed during the dark ages of the disease. The plan consists in skillful application of prevention, and in early diagnosis and treatment.

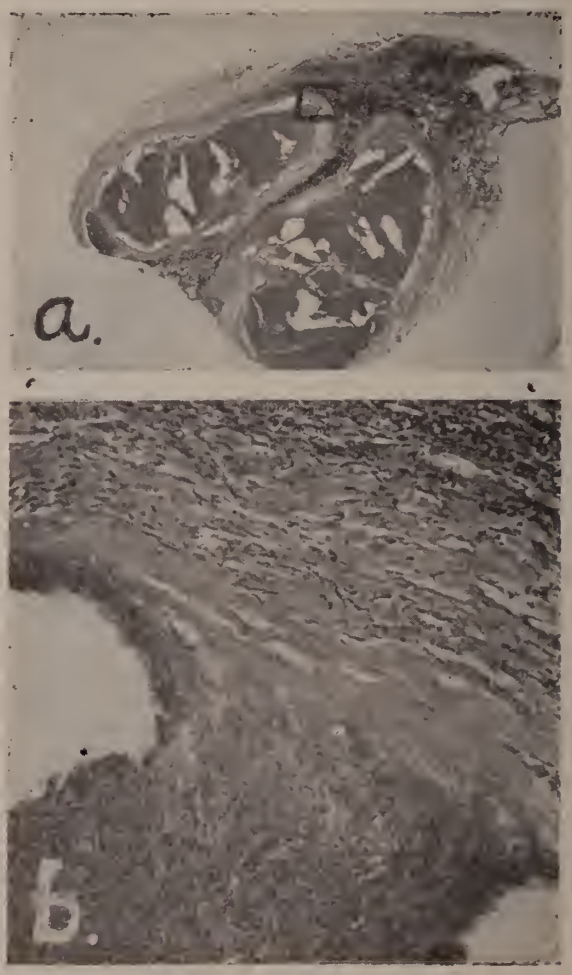


Fig. 6.—A low power (X7) magnification of the lymph node lesion (fig. 5) is shown in a. A higher magnification (X173) of the capsule outlined by a square in a is shown in b and illustrates the type of lesion that is of two or three years' duration. (Hematoxylin and eosin stain.)

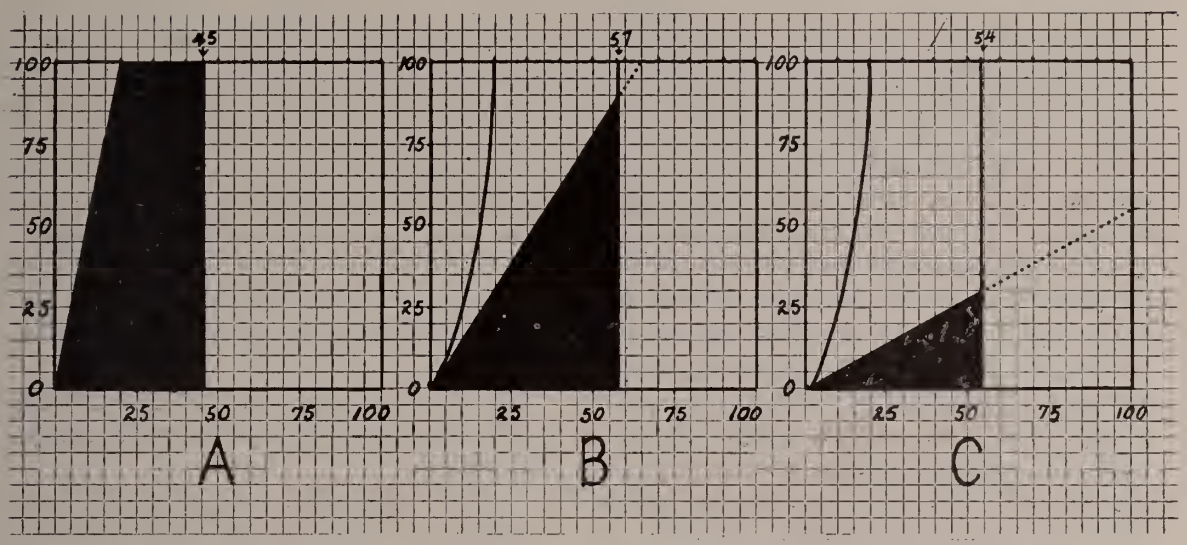


Fig. 7.—A. Based on Krause's appraisal of the tuberculin studies made in Vienna about 1908, this chart shows that all of the persons in the sampled groups must have been infected by the age of 20 years. With life expectancy only 45 years at that time, nearly 80 per cent of all persons were infected. B. This chart, representing the work of Chadwick and Zacks in Massachusetts in 1930, shows that less than half of the population was infected at that time. These figures, about one third less than those of Armstrong, for Framingham, Mass., in 1917, indicate that at the same rate of decrease only about 30 per cent of the state's population should now be infected. C. Slater's figures for a prosperous farming community in Minnesota are presented in this chart. They show that in 1924 only 10 per cent of the school children representing about 30 per cent of the state's total population, were infected. Today no death from tuberculosis occurs during a period of a year in some counties in this locality.

PUBLIC HEALTH MANAGEMENT

In the short time remaining, I wish to point out how tuberculosis may be brought under control by a better liaison with the medical profession. Fortunately, one is not without convincing demonstrations. The work of Douglas[13] and his associates at Detroit in case finding surveys conducted under his direction showed that 75 per cent of the cases of tuberculosis, usually advanced, were discovered by the practitioners of medicine. Others over the country have had similar experiences.

The result is neither the fault nor virtue of anyone or any of the methods, but more than anyone else the physician "fishes where fish are to be found." Tuberculosis is a widespread disease, and nobody reaches every corner of human society so often and knows so much about everybody as the family physician. Daniels[14] estimated that every person sees a physician on an average once every three years. But unlike in the past, physicians now have it in their power to diagnose tuberculosis in its early stages, virtually finding it "in embryo," before it can be given to others.

By preparing himself and following certain rules, every physician may be able to diagnose most of the serious cases, and cases that will become serious. In this task he should remember that the disease is an evolutionary process taking place over many months or years, that the roentgen shadows of the early lesions may be seen months and years before clinical symptoms develop, that a negative reaction to tuberculin rarely occurs in active tuberculous infections, that a roentgen shadow in association with a negative tuberculin test is probably not indicative of tuberculosis, and that strongly positive reactions to tuberculin in small children probably reveal foci in the home. Furthermore, in the presence of a characteristic pulmonary shadow, a strongly positive tuberculin reaction suggests clinically significant tuberculosis, even if examination of the sputum for tubercle bacilli gives negative results. It is logical to expect, when early lesions are present, that examination of the sputum may give entirely negative results or that they may be positive only on lavage of the stomach.

It must be emphasized that the physician need not do the work himself. He may obtain technicians, or cooperate with the local tuberosis control units, who in turn should, and I believe will, cooperate with him in solving his problems. The excellent consultation services offorded by the various Public Health and Antituberculosis units are indispensable. What should be understood by all, however, is that the governmental groups are best suited to offer educational and consultation services.

With these facts in mind and adequate wea-

pons to use, the physician not only will study the suspect and the contact case, but may profitably employ the routine roentgen and tuberculin tests on his office patients. Pediatricians especially should adopt this policy. Patients admitted to hospitals may also receive similar attention. Teachers, nurse maids and handlers of food are extremely important groups. In cooperation with the various Public Health agencies, the physician will, therefore, find in these suspicious groups the disease foci before they develop.

The problems will become increasingly simple. The dense calcified lesions, usually harmless, may be kept under observation for safety. The early small soft lesion that causes so much perplexity may be watched under supervision and the patient put on a limited regimen of work. If such lesions show progress on repeated roentgen examinations, the patient may be given collapse therapy. If the physician is unable to do pneumothorax, the patient should be turned over to the local or state sanitarium for care. Furthermore, active tuberculosis will be discovered earlier and will receive the proper medical or surgical rest treatment in such an institution.

Last, but most important, the open case will be discovered and removed from circulation. While an absolute quarantine may not be applied as in the acute diseases, a relative quarantine and education can be effected for cooperative patients. *Careless and indifferent disease-spreading consumptives must be kept from spreading the disease to the next generation, even if they have to be forcibly isolated.* While the duty of quarantine naturally should be vested in the Health Department, it is within the province of the physician, and actually his sacred duty, to report open cases as he would any other contageous disease. Such a plan of action would soon relegate tuberculosis to the role of a rare disease instead of one of the chief causes of death.

SUMMARY AND CONCLUSIONS

For centuries tuberculosis was so deeply interwoven into the human race that diagnosis was always late and treatment little but palliative. The cause and nature of the disease were also so slow to yield to investigation that one has been able to witness noteworthy progress in its eradication only in the last few decades. While the death rates have fallen about tenfold in that period, there are still over 50,000 deaths a year in the United States alone, and a sobering fact is that the death rate per number of infections has decreased very little. It appears that resistance to the disease is a purely ephemeral phenomenon and is dependent upon many variable factors of the host and parasite.

The control of the disease by the eleventh hour method of treatment as practiced so much in the recent past is at best only a makeshift.

The necessity of having to resort to heroic methods is an indictment of the past and much of the prevalent system of management of the disease.

As a means of control, the best dividends have by all odds accrued from prevention by breaking contacts.

The next best means is in preventing the infections from spreading by a more systematic search for the early lesions in suspected groups and persons, as well as in the public at large. The various state and local agencies and the war services have demonstrated the possibilities of mass surveys beyond the shadow of a doubt.

It only remains for the practitioners of medicine, because of their strategic position, to enter more fully or be induced to enter into the partnership to help effect an adequate system of control, and treatment as well as a rapid elimination of the age-old plague from civilized society.

REFERENCES

1. Niemeyer: Klinische Vortrage uber die Lungenschwindsucht, Berlin, August Hirschwald, 1867.

2. Biggs, H. M.: The Sanitary Supervision of Tuberculosis as Practiced by the New York City Board of Health (with John H. Huddleston), J.A.M.A., 1895.

3. Krause, Allen K.: Sputum Infection of Children, In His Rest and Other Things, Baltimore, Williams and Wilkins, 1923, p. 31.

4. Chadwick, H. D., and Zacks, D.: Incidence of Tuberculous Infection in School Children, Am Rev. Tuberc. **22**: 626-635 (Dec.) 1930.

5. Armstrong, D. B.: Four Years of Framingham Demonstration, Am. Rev. Tuberc. **4**: 908 (Feb.) 1921.

6. Tuberculosis Mortality in the United States, Pub. Health Rep. 58; Rev. Tuberc. **4**: 908, 1921.

7. Slater, S. A.: Results of Pirquet Tuberculin Tests on 1,654 Children in a Rural Community in Minnesota, Tubercle **6**: 233-238 (Feb.) 1925.

8. Sweany, H. C.: Age Criteria of Primary Tubercles Revealed by Roentgenological Study, Am. J. Roentgenol. **45**: 187-208 (Feb.) 1941.

9. Sweany, H. C.; Levinson, S. A., and Stadnichenko, A.M.S.: Tuberculous Infection in People Dying of Causes Other Than Tuberculosis, Am. Rev. Tuberc. **48**: 131-173 (Sept.) 1943.

10. Edwards H. R., and Erlich, D.: Examinations for Tuberculosis; Roentgenographic Findings of 41,809 Inductees and 9,541 National Guardsmen in New York City. J.A.M.A. **117**: 40-45 (July 5) 1941.

11. Long, E. R.: War and Tuberculosis, Am. Rev. Tuberc. **45**: 616-636 (June) 1942.

12. Tice, F.: Tuberculin Testing in Chicago Schools; Tuberculin Tests on 167,345 Children with X-ray Films of 27,401 Tuberculin Reactors, Am. Rev. Tuberc. **43**: 96-107 (Jan.) 1941.

13. Douglas, B. H.: The General Practitioner in Tuberculosis Case-Finding, Nat. Tuberc. Assn. Trans. **34**: 275, 1938.

14. Daniels, A. C.: Routine Chest Fluoroscopy; General Practice, California & West. Med. **57**: 44-45 (July) 1942.

5601 N. Pulaski Rd.

MEDICAL EVENTS IN THE HISTORY OF KEY WEST

II. THE AFRICAN DEPOT

LIEUT. A. W. DIDDLE (MC)-V-(S) U.S.N.R.
IOWA CITY, IOWA

Fourteen hundred and thirty-two African slaves obtained from slavers captured in Caribbean waters were interned at Key West, Fla., in 1860. During this period the first and last hospital for the exclusive use of the colored races was erected there. The facility, in contrast to the Marine Hospital[1] of this city with its long record of humanitarian service, had the short life of eighty days. Additional interest attaches to the depot for the reason that it was provided during the era when the United States government was renewing the effort to enforce the abolishment of slave traffic to this country; also this was one of the ports where the federal government housed captives until they were accepted by the American Colonization Society* for transfer to Liberia in Africa. The construction of the unit was carried out under many hardships and at considerable expense to Fernando J. Moreno, then United States Marshal of the Southern District of Florida.

Since 1808, the government had had a fixed and well established policy to suppress the smuggling of slaves into this country. At various times laws had been enacted to effectuate this objective. Judges with differences of opinion had, however, interpreted the statutes in various ways with the result that acquittal was more frequent than conviction. With the ever widening breach between the states before the Civil War, the government began to tighten its grip on illegal traffic. Coast Guard cutters and Naval vessels were ordered to intercept and seize all vessels bearing cargoes of Negroes to the country. During this campaign three slavers were brought to this port. The first ship captured was the American barque, *Wildfire,*[2] of New York, taken April 26, 1860, off the coast of Cuba near Neuvitas by the *USS Mohawk,* which was commanded by Lieut. T. Augustus Craven (USN). Five hundred and seven nude Africans were found below deck. The prize, mastered by Mr. Stanhope, was brought to Key West on April 31. The cargo was delivered into the custody of Mr. Moreno, who, because of demands of Lieutenant Craven and from a sense of duty, accepted the responsibility of providing for these unfortunates, although no law existed that would have forced him to do so.

The immediate question was what disposition should be made of the prisoners. It was then revealed that President Monroe's construction of the law in 1819 had been modified to make provision for furnishing food, clothing, shelter and provisions at the rate of $150 per person.

The Marshal with the least possible delay made ready to build quarters on the beach near Fort Taylor. All available manpower on the island was mobilized on May 1. This included twenty-four carpenters, who were paid from $2.50 to $5 a day, and approximately an equal number of laborers, most of whom were slaves owned by local inhabitants and loaned for the price of $2 per man day. In a short while three acres of land had been enclosed by a fence 6 feet high. A barracoon 225 by 25 feet with nine rooms and a kitchen adjoining was hastily made ready for occupancy by the morning of May 4. At noon landing of the Africans commenced. By 4:00 p.m., 458 were in the barracks. Forty-nine others were housed in a carpenter shop near Fort Taylor. Clothing was furnished from various sources on the island, but most of it was supplied in the form of "Hickory Shirts" and "Gunny Cloth" by a local mercantile company. Food (beans, codfish, coffee, potatoes, lard, sugar, beef, bacon, cornmeal, salt, flour, rice and vinegar), cooking utensils, whiskey, brandy, tobacco, snuff and ice were procured from W. H. Wall & Company. The bill totaled $7,118.75. Drinking water was obtained from Fort Taylor and cisterns elsewhere in Key West for 1 cent per gallon. Medicines were bought from Dr. George D. Allen, druggist and apothecary. Those listed were: iodine ointment, zinc sulfate, milk of magnesia, magnesium sulfate, simple cerate, tincture opii camphor, oil chenopodium, pulv. ipecac and opii, "pain killer," "mixture," syrup of squills, chlorinated soda, olive oil, castor oil, potassium citrate, ferrous citrate, oil peppermint, honey, tincture valerian, lead acetate, tincture lobelia, tannic acid, adhesive plaster, oil caryophylli, quinine sulfate, mercuric chloride, "blistering tissue," silver nitrate and cupping glasses.

Within six days, 15 of the slaves had died; 35 others were still ill principally from "diarrhea,"

*This was a national organization formed in Washington, D. C., Jan. 1, 1817, for the purpose of encouraging the emancipation of slaves by providing a place outside the United States to which they might emigrate when freed. Free Negroes were first sent to Sierra Leone, then for a short time to Sherbro Island; in 1821 a permanent location was purchased near Cape Measurado. In 1847, the Colony declared itself an independent republic under the name of Liberia. It was recognized by the United States in 1861.

probably due to typhoid fever for 27 prisoners were declared to have the disease before landing at Key West. According to the medical journal of the *USS Mohawk*, on April 26, "three prisoners" were sent "to the hospital;" the record for May 1 contained the notation, "sent 24 sick Africans from the barque to the hospital." The name of the captured ship is not mentioned in the medical journal, but it is given as the *Wildfire* in the log. Drs. D. W. Whitehurst, T. C. Skrine and H. M. Weedon and seven nurses were obtained to administer medical care. In the meantime, a hospital 75 feet long (another version says 114 by 21 feet) was built separate from the other quarters, 140 yards from the high water mark at Whithead Point.

Supplies and a military guard consisting of seventeen men were furnished by Capt. J. M. Brannan, U. S. A., of the Key West Army Post. Part of this guard was the Marine Guard transferred from the command of Lieutenant Craven. In addition, two stewards, an interpreter and three cooks were obtained, some of whom were slaves.

Subsequently there were as many as 180 patients in the hospital at one time. It was early manifest that a unit must be built for the guards as it was dangerous for them to reside in the same place with the Negroes "because of the prevalence of cutaneous diseases among the latter."

The amount required to defray expenses for the month of May included:

For temporary quarters, mechanics, etc.	$ 2,500
Food and clothing	7,000
Guards	700
Nurses in the hospital	250
Medical attendance and medicines	1,550
Total	$12,000

On the basis of previous experience President Buchanan was of the opinion that the expenditure would not be less than $100,000 and probably would exceed considerably that sum before the captives could be set free in Liberia.

Lack of clothing, cooking utensils and toilet facilities made it difficult to maintain proper sanitary conditions. In order that the slaves might bathe, they were driven to the beach daily. Trenches sprinkled with quicklime were used for latrines. At meal time the Negroes were seated in groups of 10, around large buckets, which contained a mixture of meat and rice. Each one was given a large spoon with which he or she dipped food from the pot. Shortly after their arrival, several of the slaves appeared despondent and rammed their heads against the crossbeams of the barracoon, sustaining injuries of the skull from which a few died.

On May 12, 550 (another version gives the number as 570) more African slaves were received from Lieut. Fabius Stanley of the *USS Wyandotte*. The prisoners were on board the barque *William*,[3] which had been seized south of Cuba near the Isle of Pines on May 9. The captives were landed in Key West on May 16.

Although sufficient supplies had been collected to care for the Negroes from the *Wildfire*, arrival of the cargo from the *William* created a critical situation. Mr. Moreno sent a hurried dispatch to Norfolk via the *USS Seminole* saying, "Continuance here for a period of two or three months will exhaust the supply of water . . . and will render it necessary for me to charter a vessel and send to Havana, the nearest port to this, for a supply. In the same communication he advised the Department of Interior to appropriate funds to construct quarters, dig cisterns and make other improvements if this was to be used as a depot for captured Africans. He renewed his request to use Fort Taylor to house incoming migrants. Previously the demand had been refused.

There is on file a copy of the telegram[4] from Major George C. Hutter, Paymaster, U. S. A., to the Secretary of War, dated at Cedar Keys, Fla., May 28, 1860, which reveals that Capt. J. N. Maffitt of the *USS Crusader* "captured a French bark with 420 Africans and brought them in at Key West on the morning of the twenty-fifth." On one other occasion, in August 1858, while in command of the *U. S. Brig Dolphin*, he had seized the slaver *Echo*, near Kay Verde with 306 prisoners on board. Thirty-five died within twenty-nine days. Those remaining alive were returned to Africa at an estimated cost of $45,000. The experience served as an example for predicting costs in 1860.

It was now the beginning of summer when outbreaks of disease could be expected. President Buchanan felt that even though there was deficiency of food and water, the more serious situation was the danger of yellow fever. He said, "It is the worst spot for an African Negro depot on the coast of the United States." Removal of the slaves was urged. He was of the opinion that the increased smuggling along with the increased vigilance of the cruisers would net several similar captures before the year was

out. Accordingly, recommendations to elevate appropriations to cover such contingencies[2] were made.

With the least possible delay, contracts were entered into with the American Colonization Society for the transportation of these Negroes to Liberia. "This work was authorized by law to permit the President to expedite safe-keeping, support and removal beyond the limits of the U. S. of all Negroes, mulattoes or persons of color as may be brought within their jurisdiction, to appoint someone residing upon the coast of Africa as agents to receive these colored persons seized in prosecution of the slave trade by the Commanders of the U. S. armed vessels and to provide the President to enter into agreement by the Act of June 16, 1860, with persons or society receiving these captives from the agent of the U. S. All shall be provided with food, clothing and shelter for a period not exceeding one year from the date of landing in Africa." The Society contracted to transport the Negroes in ships fitted, equipped and provisioned in accordance with regulations set up by the Congress for passenger vessels. Clothing, medical attendance, and medicines were to be provided in transit.

The transaction was performed with fidelity, and the ships were approved by the Navy. Evacuation was accomplished during the latter part of July. It is recorded that "1,432 was the number received by the Marshal at Key West; while under his charge 294 died, and the survivors, numbering 1,138 were delivered to the agents of the Colonization Society.... On the voyage 245 died and only 893 were landed on the coast of Africa." Details concerning the causes of death were not available, but a large number apparently succumbed to dysentery. Those dying in Key West were buried on the beach, many in trenches.

The expenses incurred by Mr. Moreno in maintaining the depot for eighty days came to $19.14 per capita. The total cost was $45,760. The expenditure for medicines and medical care was $27,650.92, $3,562 of which went to Drs. Whitehurst, Skrine and Weedon for services rendered. Eighty dollars was paid Dr. F. Martin for the hire of his horse. In addition, D. Davis was given $1,622.50 to bury 294 Negroes.

The government expended $56,900 for the transportation of the Negroes back to Africa exclusive of salaries for persons superintending the contract. In the event that no further fatality occurred among the slaves for a period of one year, $89,300 was recommended for clothing.

During 1860 the United States Marshal was reimbursed by the government for $26,800 of the amount expended. Because of the Civil War and the fact that he was a Confederate sympathizer, opportunity to lay claim to the other $18,880 was not forthcoming until the year 1870. At that time, a petition was submitted to the United States Senator T. W. Osborn of Florida asking him to collect the debt. Osborn sent the request to the Committee on Claims, where it was "lost" for eighteen years. Within the content of the petition, Mr. Moreno stated that under a section of the Act of March 3, 1819, ("Bright's Digest 841") the officers and men received a bounty of $25 per person, in other words, $35,800 for the 1,432 slaves. To plead his case further, from the Annual Report of the Secretary of Interior to the President of the United States in 1860 he submitted the following statement: "The Marshals into whose hands these Africans have been delivered have performed a most arduous and disagreeable duty with great efficiency and fidelity, but the law allows them no compensation whatever for their services . . . [This is] unjust . . . I hope Congress will pay." The first attempt to collect the claim was followed by several others in the next twenty-five years. All proved futile.[5]

In the final analysis it appears that approximately $250,000 was required to finance[5,6] the project whereby Africans from the three slavers seized in Caribbean waters in the year 1860 and brought to Key West were freed in Liberia. Of 1,432* captives, 539 or 37.6 per cent died before landing in Africa. Two hundred and ninety-four succumbed in Key West within an eighty day period. It is probable that the deaths were attributable for the most part to typhoid fever and dysentery.

REFERENCES

1. Diddle, A. W.: Medical Events in the History of Key West; I. The Marine Hospital, Johns Hopkins Bulletin of Medical History. In press.
2. Buchanan, James: The Capture of the Slaver *Wildfire* on the Coast of Cuba. Executive Document of Senate, May 19, 1860, 1st session 36th Congress.
3. Capture of the Slaver *William*. Executive Document No. 83, 1st session 36th Congress, House of Representatives, Washington, D. C., 1860.
4. Hamer, P. M.: Personal communication. The National Archives, Washington, D. C.
5. All data pertaining to the expenditures and petitions of F. J. Moreno were supplied through the kindness of the grandson, Mr. Curry Moreno, city engineer of Key West in 1943.
6. Report of Secretary of Interior. Executive Document of U. S. Senate, 1861.

*Figures from other sources bring the total to 1,520 before the prisoners were landed at Key West. Previous deaths probably account for the discrepancy.

ABSTRACTS OF MEDICAL ARTICLES

MILITARY GASTROENTEROLOGY, ANNIS, J. W., LAKELAND, AND ELDRIDGE, F. G., VALDOSTA, GA., SOUTH. M. J. 36:791-798 (DEC.) 1943.

A study of a group of patients with gastrointestinal disease observed in an army station hospital in the territorial limits of the continental United States during mobilization and under war time conditions is presented. The relative incidence, treatment, response and disposition of cases of peptic ulcer, chronic gastritis, other gastrointestinal conditions and functional dyspepsia are outlined.

The numerous factors bearing upon the wide discrepancies in recent reports published in this country and abroad are discussed, and closer scrutiny of source of material is urged. The criteria used for the diagnosis of duodenal ulcer, gastric ulcer and gastritis are described, and the findings of the authors regarding the frequency of gastrointestinal disease are set forth with a view to serving as a basis for comparison with like figures computed in an actual theater of operations.

Of 48,748 patients admitted to the hospital in the two year period studied, 51.88 per cent were admitted to the medical service. The 2,755 patients admitted to the gastrointestinal service represented 5.65 per cent of the total number and 10.90 per cent of those admitted to the medical service. Excluding 613 with acute infectious hepatitis in epidemic form, there were in this series 2,142 patients suffering from various gastrointestinal disorders.

The incidence of peptic ulcer did not differ greatly from that observed in civilian life, and the ratio of duodenal to gastric ulcer was approximately 15 to 1. The number of military personnel examined was 2,022, of whom 10 per cent had duodenal ulcer. The average length of army service among the patients with peptic ulcer was 9.8 months, and in approximately 95 per cent of this group, the condition had existed prior to induction. In the opinion of the authors the neurogenic factor was the most important single consideration in the majority of these cases. Their experience led them to conclude that immediate separation from the service of any patient having a peptic ulcer is in the best interests of the patient and of the government.

In the series 314 gastroscopies were done on 292 patients. In these patients with gastritis, representing a relatively new military problem especially in regard to disposition, the response was so poor that it became the policy of the authors to discharge all in whom the condition was severe or moderately severe and to recommend limited service for those with mild forms. Carcinoma of the stomach was not observd; chronic ulcerative colitis occurred in only 12 cases, and an acute ulcerating form of colitis was present in 21 cases.

Functional dyspepsia associated with psychoneurosis was by far the outstanding cause of admission to the gastrointestinal service. Patients with vague gastrointestinal complaints resulting from transient problems of adjustment were readily rehabilitated into useful soldiers. The number constitutionally inadequate patients with gastrointestinal manifestations was large; these "cardboard soldiers" remain ineffective, inefficient and unreliable, and their ultimate military uselessness is emphasized. Patients in the intermediary group between these two presented a particularly difficult problem, but it was deemed best in the doubtful cases to return them to civilian life. Frank malingering was encountered more frequently than the authors cared to admit with patients in this group having no potential military worth.

The necessity for rigid selection and radical elimination in dealing with patients in military service suffering from most chronic gastrointestinal conditions is stressed.

BUY WAR BONDS

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D..B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D..D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D..PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47...*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D..C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46)....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D..B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46..*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate, C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradentan*
John K. Turberville, M.D..A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm..D-48..*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper F. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D..B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D..A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D..D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Council C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D..AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B-46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Enstis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Edward Jelks, M.D., Delegate.....*Jacksonville*
O. O. Feaster, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

WHAT TO DO?

We are in the midst of our greatest war. To bring that war to a successful conclusion requires of every one of us our utmost effort in work, time and money. It must be not only our duty but our desire to present to the enemy a solid, united front, one which cannot be overcome. That, we say, is our first duty.

Yet we have another, and we believe an equally important obligation, implied in the words "For what shall it profit a man if he gain the whole world and lose his own soul." Let us consider "soul" in this instance in a little different light than usual; let us consider it as the soul of our country. What shall it profit us if we gain the whole world and find afterward that we are dead within, that while our backs were turned in gaining the world, we have had taken from us that for which we fought?

Just what are we fighting for? Do the principal provisions of the Atlantic Charter—freedom of speech, freedom from want, freedom from fear, and freedom of worship—cover adequately the things we fight for? We think not, for, as has been said by wiser ones than we, a person can have all these freedoms and still be in prison. Let us add "freedom in the pursuit of happiness," and "freedom to put forth more effort toward bettering our station in life." We believe these are important freedoms, too.

Apparently "freedom from fear" and "freedom from want" were included in the Atlantic Charter to guarantee to all people that their respective governments would grant these freedoms irrespective of any personal effort on their part whatsoever. Many so-called great minds believe these precepts to be good. These minds desire and are striving for National Socialism for that is what National Socialism is. We favor "freedom from fear" and "freedom from want," but believe that such a state can better be attained through our own endeavors and through the efforts of private enterprise. We believe, also, that greater personal satisfaction and self-respect can be obtained and maintained in this way.

Some wise ones who sit in high places believe that the Constitution of the United States is of the "horse and buggy" days and that many of us are too fanatical about the Constitution. They would relegate the principles of the Constitution to the past and substitute the very ideologies against which we are waging a war. We believe the Constitution is the rock upon which this country was founded and the rock which has made it possible to withstand the many storms of the past. We believe also that this foundation is being eaten away gradually by sinister forces under the cloak of Social Security. We believe that for "government of the people, by the people and for the people" is being substituted government of the New Deal, by the New Deal, and for the New Deal. It has been said that the people who are governed least are governed best. This we believe; also that the people of the United States are still able to govern themselves. We are also of the belief that the majority should rule but that National Socialism should not be palmed off on us under some benevolent title. If we are to have National Socialism, let it be by the will of the people after they have had ample opportunity to express their wishes by ballot on that issue.

We have a serious and profound duty to per-

form in the election in November. We must admit that we are as confused, or more so, than most people. The principal issue is not the war, because no matter what the outcome of the election, the united war effort will continue unchanged. Our big question is "What about after the war?" Is it our desire to become a unit in International Socialism? England, Russia and China, our allies, already have it in major part or wholly and our present administration is leading us strongly in that direction. Must Mr. Roosevelt sit at the peace table simply because he calls Mr. Churchill "Winnie"? Sure, they are good friends, but so were Caesar and Brutus. On the other hand, are we going to place the Republican candidate in office simply because he opposes the present administration? Mr. Dewey has been a district attorney and is the Governor of New York. Does that make him capable of taking the highest and most responsible seat in the world? He is young, inexperienced and untried, particularly in international problems. So where does that leave us, the American people? You answer that.

As good American citizens, let us nevertheless perform our sacred duty at the ballot boxes faithfully after profound thought, consideration and prayer. Let every American vote!—H.L.P.

FROM MY POINT OF VIEW

Practically all large cities have what are known as "Municipal Hospitals." At various intervals troubles of one kind or another develop. There are many rumors and a few facts circulated as to the causes, and then one of our great American institutions functions, and an "investigation" committee is appointed. Their usual report and recommendation is, "Take it out of politics."

Too frequently basic principles and actual definitions are overlooked. A municipal institution is one which is owned and supported by and for the sole benefit of the people and not for profit. It must be directed and supervised by the elected representatives of the people in that tax paying district or municipality. These elected representatives are politicians. It is their duty to see that the taxpayers' money is properly disbursed.

How then can a municipal institution, be it a public utility, such as a bus line, a fire department, or a hospital, be divorced from politics or politicians? An elected representative, who turns over a blank check to anyone or any group, is failing to do the job which he was elected to fulfill.

One of the troubles which lead to the cited recommendations seems to be that people do not make a distinction between politics and dirty politics and between politicians and crooked politicians. The very word politician seems to be used as synonymous with crook.

That the efficiency of any institution is decreased by the often used methods of appointments of political supporters with or without proper qualifications, the shifting of personnel and methods with each election, the rumors set afloat by the "outs" against the "ins," is of course obvious. But so long as our present necessity for getting votes to perpetuate an elected representative in office exists, there is not much that can be done about these evils. But when we get deeper into the subject we find that, in regard to hospitals, municipal is a misnomer.

A municipal hospital, strictly speaking, is one directly supported by the taxpayers to render service to indigents whom the public, in general, must care for during the period in which these individuals lack the wherewithal to secure these services from private and profit making companies.

That means that all money necessary to operate that institution comes from taxes. Money from any other source, therefore, places in the hands of the politician responsibilities which he was not elected to assume.

Whenever, therefore, a charge of any kind, be it a laboratory, x-ray, or operating room fee, is made to a patient, money other than tax money, becomes involved, and the people are now in private business, and private business is now in politics. There is no essential difference between using the profits of hospital business and having the city run a grocery store in connection, and using the profits from this to partially pay hospital expenses.

A hospital may start out as a strictly municipal institution, but then someone gets the bright idea of charging for certain rooms in order to reduce the running expenses. Then an x-ray and laboratory fee creeps in; an out-patient department with a small fee comes next. The elected representative proudly shows the people a reduction in maintenance expenses, and so the tendency grows. More and more rooms and wards are set aside for paying patients until it becomes as difficult to find a nonpay space as it is to find the prescription counter in the modern, so-called "drug store."

But the public still thinks it is a municipal

hospital where they can be cared for at public expense. Where most people get the idea that a pay room, in such a hospital, should cost less than the same accommodations in a private hospital is an outgrowth of the inability to see that the pay wards are actually operated in the same manner as a private institution.

This mixture of pay and nonpay services creates endless confusion in the minds of the patient and the taxpayer. The administration officers are faced with the double problem of pleasing a paying public, and also meeting the political angle.

Add to this the fact that the doctors have for so long *given* their services to municipal hospitals that the politicians and public have long since lost sight of the gift angle, and consider it a *duty* or a *debt* the physician owes to the municipality, and the problem of running such a hospital becomes more and more complex.

It is not my purpose to propose remedies, but until and unless basic underlying principles are taken into consideration, efforts to correct a situation such as this are too frequently doomed to failure.

Frank C. Metzger, M. D.

DISTRICT MEDICAL MEETINGS POSTPONED

Pursuant to an exchange of correspondence with the councilors of the various medical districts and a number of officers and members of the Association, it was deemed inadvisable to hold the district medical meetings during the autumn of this year. The last series of district meetings was held in the fall of 1941.

In this day of stress and emergency, the unusual demands on the physician's time leave little opportunity for the preparation of scientific papers or for attendance at medical meetings. Undoubtedly a great deal of material is accumulating, which, when there is time for correlation, arrangement and presentation, will form the bases for many valuable papers. When the present streamlined period is ended, the many things that have been learned—which have necessarily been passed over temporarily—will be a reservoir of information from which the physician can draw for material for scientific articles and discussions, and will be most valuable in the future practice of medicine.

The district medical meetings have been of great value in past years. They offer an opportunity for the officers and members of the Association to become better acquainted, and the scientific programs have always been excellent. It will be a joyous day when these meetings can be resumed and the regular programs for the advancement of medical science and the betterment of public health continued.

Frederick J. Waas, M. D.
Council Chairman.

MEDICINE IN DUVAL COUNTY DURING ITS EARLIEST YEARS

The first authentic record of the practice of medicine by a physician residing in Duval County is to be found in Judge Bethune's Diary, dated 1833[1] Judge F. Bethune owned a plantation called New Ross which was situated on the St. Johns River about four miles above Jacksonville. Between the years of 1829 and 1833 he kept a diary in which he made entries nearly every day, giving a comprehensive account of the happenings on the plantation.

On Friday, April 5, 1833, a note appeared: *"Andrew sick."* On Monday, April 8: *"Went to Jacksonville court Andrew sick."* Tuesday, April 9: *"at Jacksonville returned before dinner with Dr. Hall had Andrew bled."* Thus one of Judge Bethune's slaves was treated in accordance with the medical custom of the day.

Dr. James Hall was then an elderly man, 72 years of age. He had been born in Keene, New Hampshire on October 8, 1760. Before he had grown old enough to begin the study of medicine he had served his country during the Revolutionary War as a sergeant in the third regiment, New Hampshire Line. Where and when he received his medical education and when he moved to East Florida we cannot say, but we do know that he was living in this section as early as 1804[2, 3] and apparently he arrived here during or before the year 1798[4]. We cannot prove it but we suspect that Dr. Hall was the first bona-fide American (United States) physician to

Reprinted from the October, 1944, Bulletin of the Duval County Medical Society by permission of Dr. Webster Merritt, author.

practice medicine in East Florida, probably the first American physician to practice anywhere in Florida.[5] Reference to the records of the Spanish Land Grants reveals that Dr. Hall sometime between 1803 and 1808[6, 7] married the widow of Robert Pritchard the first settler (1791) on land which later became Jacksonville proper.[8] Dr. Hall's wife is sometimes referred to as Lenore Plummer and sometimes as Eleanor Pritchard. It is not known how active Dr. Hall was as a physician but it is known that he was prominent, influential and quite active in community affairs. He helped a Revolutionary War veteran obtain his pension from the United States government[9] and testified repeatedly in behalf of local people before the Boards of Commissioners for ascertaining claims and titles to Spanish land grants in the territory of Florida.[10] He was prominent enough not to have to go through the usual channels in order to obtain his pension, hence we have less information in the office of the Bureau of Pensions than otherwise would be available.[9]

Medicine during these early years was practiced in a crude form. Dr. Hall was the only qualified physician in this region; however, there must have been here, as there were in other places in Florida, self appointed physicians who pretended to be men of wisdom. There were many backwoodsters who "physicked" folks and nearly every housewife knew how to administer such drugs as castor oil, calomel, quinine, rhubarb, blue mass, and opium as well as to prepare remedies gathered from plants and herbs in the woods.[11]

During the first quarter of a century of Dr. Hall's residence in this vicinity, Florida was under the rule of Spain and the little settlement where Jacksonville now is located was known as Cow Ford. The Floridas, East and West, were ceded to the United States by Spain February 22, 1819, by a treaty which was finally ratified exactly two years later, on Washington's birthday, 1821, but actual possession of the Floridas by the United States, with General Andrew Jackson as the first governor, did not take place until July, 1821.[12] The County of Duval was created in August, 1822, and just prior to this, in June, 1822, the little village of Cow Ford was surveyed, founded as a town named in honor of General Andrew Jackson. Jacksonville's growth was disappointingly slow and it remained a straggling village for many years. In 1830 the population was estimated to be about 100.[13] In 1837, the year that Dr. Hall died, Jacksonville was described by an army surgeon of the Seminole War, as a miserable little place with sandy streets and a dozen scattered houses.[14] However, the St. Johns River area was gaining a reputation as a healthful locality in which to live. It was believed by some of the best educated people of the time that if the settler built a short distance from the St. Johns River there was no danger of sickness and that the air of the St. Johns was better adapted to pulmonary disorders than that of St. Augustine.[15]

Dr. Hall is buried on private property in Plummer's Cove, between Beauclerc Road and Mandarin, about eleven miles from downtown Jacksonville. Many years ago when Dr. Hall and his wife, the former Lenore Plummer, made their home in Plummer's Cove the region was known as La Grange, East Florida. Miss Annie Locke, Chairman of the Historic Spots Committee of the Jacksonville Chapter, Daughters of the American Revolution in 1924 was largely responsible for the discovery of his grave. The Jacksonville Chapter of the Daughters of the American Revolution engaged a caretaker to tend the plot, but he became ill, the terrain of the land and nearby swamp changed and again the grave was lost. On August 3, 1944, the



stone was re-located by Mrs. Jessie R. Fritot and the author and on August 24, after it had been restored a photograph was taken. The inscription on the grave stone reads: "Erected in memory of James Hall, M. D., A Soldier of the Revolution, Born in Keen, N. H., 8th Oct. 1760,

Died at La Grange, E. F., 25th Dec. 1837, Aged 77 years."

Dr. Hall's death on Christmas day, 1837, left Duval County without any medical attention worthy of the name. Fortunately, however, just a little less than one year later a young physician 27 years of age would arrive in the village with his bride. This young man was destined to become not only Jacksonville's greatest physician but her most outstanding citizen. We shall see that he was to reside here for 60 years and 6 days—that his biography was to be inseparably linked with the history of Jacksonville and that his civic interest and unselfishness were to be unparalleled.

1. Judge F. Bethune's Diary, 1829-33. Library of the Florida Historical Society, St. Augustine, Florida.

2. Spanish Land Grants in Florida. Prepared by the Historical Record Survey, State Library Board, 1941. Vol. IV, p. 141.

3. Ibid. Vol. I, p. 200.

4. Ibid. Vol. V, p. 137.

5. The author has not been able to find a record of any American (United States) physician who practiced medicine in Saint Augustine prior to 1800 and it is thought that probably there was no American physician in West Florida prior to the nineteenth century.

6. Spanish Land Grants in Florida. Prepared by the Historical Record Survey, State Library Board, 1941. Vol. I, pp. 255-6.

7. Ibid. Vol. IV, pp. 221-2.

8. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, p. 51.

9. Information obtained from the United States Pension Records by Mrs. Jessie R. Fritot, Jacksonville, Florida.

10. Spanish Land Grants in Florida. Prepared by the Historical Record Survey, State Library Board, 1941, Vols. I, IV, and V.

11. The Story of Florida, W. T. Cash, Vol. II.

12. Authentic data in the possession of T. Frederick Davis.

13. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, p. 500.

14. Life in Camp and Field, J. Rhett Motte, A.M., M.D., From Chapter XV of the unpublished manuscript. Library of the St. Augustine Historical Society.

15. 1939 Copy of The Diary of Robert Raymond Reid, 1833-35, (note entered August 12, 1833). Library of the Saint Augustine Historical Society.

In the collection of the source material contained herein the author is indebted and grateful to T. Frederick Davis, author of The History of Jacksonville and contributor of many historical sketches dealing with this and other sections of Florida, for his help and generous advice.

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council.

NAME	T. L.	COUNTY
Smith, Goodrich T.	28	Collier
McCue, Carolyn Moore	29	Jackson
Snow, Randall W.	30	Broward

MARRIAGES

Dr. John C. O'Dell and Miss Glory Sims Mott of Jacksonville were married on September 29.

STATE NEWS ITEMS

Florida doctors who attended the refresher course at a joint meeting of the American Roentgen Ray Society and the Radiological Society of North America, in Chicago, September 24-29, were: Floyd K. Hurt, W. McL. Shaw, Jacksonville; John J. Jares, Alfred G. Levin, Gerard Raap, Miami; Frazier J. Payton, Miami Beach; John N. Moore, Ocala; John J. McGuire, Pensacola; Annette M. Feaster, O. O. Feaster, St. Petersburg; Harold O. Brown, J. C. Dickinson, A. F. Massaro, Tampa.

The total number registered on this occasion as 1,371.

Dr. J. H. Lucinian of Miami spent the month of September in North Carolina. He visited a number of clinics during his absence from home.

Dr. Henry Hansen of Jacksonville, State Health Officer, was the guest speaker at the Oklahoma County Medical Association the latter part of September. The theme of his address was tropical diseases.

Dr. Joseph C. Bernstein of West Palm Beach recently took postgraduate work at Johns Hopkins Hospital in dermatologic allergy and plastic surgery as applied to dermatology.

Dr. W. M. Rowlett of Tampa was the guest speaker at a district medical society meeting in New Hampshire in September. The subject of his address was "Our Medical Indigents."

Dr. Webster Merritt of Jacksonville spent a few days the early part of October in Washington, doing research work in the Library of Congress.



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA
Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

**Bert P. Brown, Director
Box 177
San Marcos, Texas**

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

T. EMMETT ANDERSON, Pres. & Gen. Mgr.

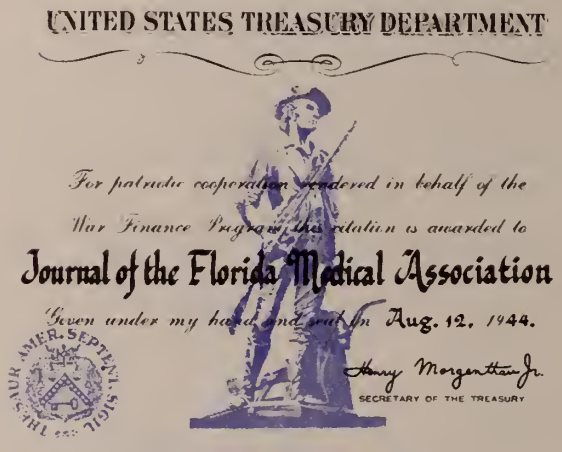
We have large stocks at three strategically located points in Florida from which we give your orders the best of attention.

DOCTORS OF THE MIAMI AREA are invited to visit our enlarged store at 201 S.E. 1st Ave. (one block behind the Huntington Bldg. and turn right one block).

Larger and more complete display of merchandise for you to choose from at all three stores.

Orders Received in the Morning Shipped the Same Day

Following is a fascimile of a citation received through the War Finance Division of the Treasury Department, Washington, D.C. It is in recognition of outstanding service to the War Bond Campaign.



JOHN EDGE MAINES

Union County lost one of its most prominent and valued citizens on August 21 when Dr. John E. Maines of Lake Butler died suddenly at his home. He had practiced medicine in that locality for the past thirty-nine years and was looked on as a special friend and benefactor by residents throughout the county. He will be sorely missed.

Dr. Maines was born in Union County, Ga., the son of O. W. and Fanny Garrison Maines, and moved to Lake Butler with his parents at the age of 8 years. He received his medical training at the Atlanta College of Physicians and Surgeons, from which he was graduated in 1905. He began the practice of medicine in Lake Butler the same year and became a member of the Florida Medical Association the following year.

Dr. Maines was a member of the Alachua County Medical Society, a Life Member of the Florida Medical Association and a Fellow of the American Medical Association. He was Worthy Patron of the local chapter of the Order of the Eastern Star, and a member of the Baptist church.

Survivors include two sons, Dr. J. E. Maines, Jr., of Gainesville, and State Senator Hal Y. Maines of Lake Butler; a grandson, John Edge Maines, III, of Gainesville; a sister, Mrs. Tom Moore of Tallahassee, and a brother, O. M. Maines of Gainesville.

JOHN ALLEN JOHNSTON

Dr. John A. Johnston of Ft. Lauderdale, president of the Broward County Medical Society, died on August 21, at the age of 60.

A native of Augusta, Ga., he attended Georgia Medical College, from which he was graduated in 1908. He took postgraduate work at Tulane University and did research work at Woods Hole, Mass. In 1910 he returned to the University of Georgia as instructor in gross anatomy, histology and embryology, a position he held for eight years. He later served for several years as health officer in Bainbridge and Lafayette, Ga.

Coming to Florida in 1925, Dr. Johnston located at Ft. Lauderdale, where he established his practice. At the time of his death he was president of the Broward County Medical Society, a member of the Florida Medical Association and a Fellow of the American Medical Association. He was held in high esteem by his colleagues and friends, both for his ability as a physician and for his humanitarianism.

HENRY DAMON SMITH

Dr. Henry D. Smith of Sanford died at his home on August 12. He was 54 years of age.

Born at Fayette, Ala., he was graduated from the medical department of the University of Alabama in 1912 and that same year secured his state license in Florida. He practiced in Melbern, Ala., from 1912 to 1923, when he moved to Okeechobee, Fla., where he remained for three years before coming to Sanford in 1926. His practice was limited to diseases of the eye, ear, nose and throat.

He was a member of the Seminole County Medical Society, the Florida Medical Association, and a Fellow of the American Medical Association. He was also a member of the First Baptist Church, of the Masons, and of the Alcazar Temple Shrine of Montgomery, Ala.

Survivors are his wife, Mrs. Gypsie Smith; a daughter, Mrs. W. J. Morrison, Jr., of Sanford; a son, Rhett A. Smith of Pinckard, Ala.; a granddaughter, Donna Jean Smith of Pinckard; his mother, Mrs. Mary Jane Smith; a sister and four brothers. Burial was at Slocomb, Ala.

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, N. J.
Medical Department

MEMORANDUM FROM: Medical Director
TO: Advertising Manager

In view of recent lay publicity on the value of male hormone therapy in cardiovascular conditions and the male period of involution, many men may be approaching physicians asking for treatment, and while therapy may be justified in a certain percentage of cases, you surely know, only the physician can so determine.

Naturally, it is contrary to Ciba policy to discuss such matters with the laity and we have very carefully referred all individuals seeking information to their physicians. It is quite evident however, that this publicity has aroused a great deal of interest.

I would suggest that you prepare copy, re-stating our attitude that we do not encourage or support the publication of such information to the laity and offer to the profession our most recent literature describing clinical results with androgenic preparations in these conditions.

NOTE: *Run this memo as is—it is good, clear, understandable copy*
PR

METANDREN LINGUETS*

A form of methyltestosterone for sublingual administration . . . the most convenient, effective and economical form of androgenic therapy.

PERANDREN*

Ampuls of testosterone propionate for injectable use.

Copies of the complete and interesting Survey Articles . . . "Androgenic and Estrogenic Therapy in Cardiovascular Disease" and "The Male Period of Involution" will be sent on request.

a Ciba Product

ROBERT ELMER SUMMITT

Dr. Robert E. Summitt of Gainesville died suddenly at his office on September 12, at the age of 52. He had practiced medicine in Gainesville since 1933.

A native of Gordonville, Tex., he was the son of James Oliver and Nancy Warren Summitt. He attended the University of Florida after being discharged from military service at the conclusion of World War I, and later entered Tulane University, from which he was graduated in 1926. He served his internship at Charity Hospital, New Orleans. He was licensed to practice his profession in Florida in 1927, and located first at Orlando, and then at Shamrock and Eustis. He came to Gainesville in 1933.

He was past president of the Alachua County Medical Society, a member of the Florida Medical Association and a Fellow of the American Medical Association. He was a member of the staff of the Alachua County Hospital, and a member of the Methodist church.

Survivors are two sisters, Mrs. W. E. Van Pelt, Gainesville, and Mrs. W. I. Lighthouse, San Antonio, Texas. Interment was at Bainbridge, Ga.

COMPONENT COUNTY SOCIETIES

DADE

Comdr. Robert T. Spicer, M.C., U.S.N.R., was principal speaker at the meeting of the Dade County Medical Society, held in Jackson Memorial Hospital on the evening of October 3. His subject was "Medical Observations in the War Zone."

DUVAL

On the evening of October 3 the Duval County Medical Society held its first meeting following a summer recess. The scientific program consisted of a symposium on Penicillin, presented by Drs. L. Y. Dyrenforth, G. H. Ira, W. S. Manning, and F. J. Waas. Refreshments were furnished by Dr. J. G. Lyerly, president of the Society.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held Thursday evening, September 14, at the home of Dr. and Mrs. S. C. Harvard; following the scientific session a full course chicken dinner was served by Mrs. Harvard. A hearty vote of appreciation was given to Dr. and Mrs. Harvard for the lovely entertainment. Dr. P. J. Hudson invited the society to meet with him at Homosassa on the evening of October 12. A boat ride was scheduled for the afternoon and a fish dinner in the evening. Those present were: Drs. J. T. Bradshaw, Claude L. Carter, G. R. Creekmore, S. C. Harvard, P. J. Hudson, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

PINELLAS

The annual meeting of this society was held October 6 at the Detroit Hotel, St. Petersburg, following the dinner which was scheduled at 7 p. m.

The work of the Crippled Children's Commission was approved. This vote of confidence was requested by the Commission. Frederick L. Flynn, M. D., was elected a member of the society. Annual reports of standing committees were read by the various chairmen. Dr. J. B. Quicksall suggested that a uniform office announcement be made, advising patients to patronize their prewar doctors when they return from military service.

The fiscal year of the society begins with the first meeting in October, known as the annual business meeting. The following officers were elected: A. M. Feaster, president-elect; J. B. Quicksall, first vice president; F. F. Kumm, second vice president; W. C. McConnell, secretary-treasurer; representatives to the House of Delegates of the Florida Medical Association: degelates, A. J. Bieker, H. E. Winchester, R. H. Knowlton, A. J. Wood, J. A. Hardenbergh; alternates, W. M. Davis, Grace Whitford, A. L. Mills, E. B. Campbell, F. W. Roush.

Dr. J. A. Hardenbergh, retiring president, presented the gavel to Dr. A. J. Bieker, the incoming president. Dr. Bieker presented the past president's plaque to Dr. Hardenbergh. The gavel was turned over to the first vice president, Dr. J. B. Quicksall, who presided while Dr. Bieker delivered his inaugural address.

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA
BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS
Out-of-Town Orders Shipped by Return Mail



THE ORTHO-FUSOR
FOR BINOCULAR FIXATION
VISUAL TRAINING

The Bausch & Lomb Ortho-Fusor is designed for binocular fusion exercise to supplement office treatments. Its compactness permits frequent, short-interval use in the home or office—wherever there is good light for reading.

For convergence insufficiency, low adduction, and cases of early-type presbyopia or latent hyperopia, this set is the equivalent of an ample range of base-in and base-out prisms. Available for immediate delivery. Complete, $9.50.



SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

THE TUCKER HOSPITAL, Incorporated
212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

ADVERTISERS' NOTES

THE UNSPECIFIED PRESCRIPTION

Some physicians are averse to specifying the maker's name of a proprietary product.

On the other hand, a physician of international reputation and unimpeachable, ethical standing has expressed himself as follows:

"I invariably specify Mead's whenever I can, for I feel that when I do not specify a definite brand, the effect may be the same as specifying tnat any brand will do.

"By not specifying exactly, I let down the bars to a host of houses, many entirely unknown to me and others deserving no support at my hands.

"When I specify Mead's, I may be showing favoritism, but at least I know that I am protecting my results. If, at the same time, my self-interested act encourages a worthy manufacturer to serve me better, I can see no harm in that."

Mead Johnson & Company, Evansville, Ind., U.S.A., have to depend upon the physician to specify MEAD'S because they do not advertise their products to the public, either directly or through merchandising channels.

GOVERNMENT-MEDICAL COOPERATION URGED

A plea that "government and medicine cooperate to provide for an uninterrupted flow of qualified students into medical schools" as a guarantee of continued improvement in the standards of medical care was voiced in a nationwide broadcast (Tuesday, Aug. 15) by Dr. Ernest E. Irons, president of the American College of Surgeons, and professor of medicine at Rush Medical College in Chicago.

"The adequate educational provisions now being planned for our returning medical officers should be made effective," Dr. Irons urged further in the course of his address on the Schenley Laboratories program, "The Doctor Fights."

As evidence of the constant effort to raise the standards of education and the quality of performance of physicians, the distinguished Chicago physician mentioned the graduate medical meetings being conducted at the present time by a national faculty of recognized leaders in special fields to enable both civilian and military doctors to keep abreast of the latest developments in the treatment of patients.

Thanks to "medical preparedness for war" three out of every four Americans wounded in action are being returned to duty and 98 per cent of the total casualties reaching medical aid have survived, the speaker stated.

DEATH TAKES EDWARD BAUSCH

Edward Bausch, chairman of the board of Bausch & Lomb Optical Co., died at his home in Rochester, New York, July 30, 1944, at the age of 89.

A son of John Jacob Bausch, one of the founders of the company, he was initiated at an early age into the business which became his life work. One of his earliest recollections was his fathers' discovery of the possibilities of vulcanized rubber as spectacle frame material, a discovery which revolutionized spectacle mounting. At the age of 14 he evidenced great skill with tools and showed an aptitude for optical design, which was borne out later, in the first microscope he designed and built in 1872.

Entering the business in 1874, he was eager to begin the construction of microscopes and encouraged by his father and aided by his brothers, he began a series of designs for the Philadelphia Centennial of 1876. It was here that his microscopes won their first awards for craftsmanship.

Discovering that schools and students were being deprived of microscopes because of their high price, Dr. Bausch devised machine processes to make many of the parts and brought them within reach of medical students throughout the country.

Beginning in 1883, his activity in the development of the microscope and other laboratory instruments was

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing



Allen's Invalid Home
MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable



TOWARD THE GOAL THAT ALL WHO NEED IT MAY HAVE IT...

PENICILLIN *Schenley*



TODAY on all our battlefronts many an Allied soldier owes his life to the fact that penicillin is now being produced in sufficient quantities to meet the most important military needs. And as military needs are more fully met, there will be increasing amounts of penicillin available for civilian use.

Contributing to this accomplishment have been the resources of 21 firms appointed by the Government to produce the precious new drug.

Schenley Laboratories, Inc., are proud to be among those chosen to attack the almost insuperable technical difficulties in the manufacture of penicillin. The devotion of our facilities to this purpose is a natural outgrowth of the extensive research in mycology Schenley Laboratories have been conducting for many years.

We are glad to be working wholeheartedly toward the goal that... in the near future... all who need penicillin may have it.

SCHENLEY LABORATORIES, INC.

EXECUTIVE OFFICES: 350 FIFTH AVENUE, N. Y. C.

evident in a succession of patents. Trichnoscopes, illuminators, microtomes, invertible microscopes, binocular microscopes, and centrifugal testing machines were followed in 1887 by his famous iris diaphragm shutter which made the snapshot camera a popular plaything.

Dr. Bausch was active in the planning and the expansion of the company for the present war until a year ago when illness curtailed his visits to the plant, but he followed the progress of the company through the personal reports delivered to his home by company executives.

AO ASSISTS IN REHABILITATION PROGRAM

To aid in the rehabilitation of convalescent soldiers, the American Optical Company has supplied the Lovell General Hospital at Fort Devens, Mass., with an instructor and the necessary optical equipment to teach the men how to make ophthalmic supplies.

In connection with the announcement, Col. W. M. Crandall, commanding officer of the Army hospital, explained that the new optical project is part of a comprehensive program aimed at restoring wounded and sick soldiers to full physical and mental health.

"One phase of this reconditioning program," he added, "is the use of occupational therapy to restore soldiers to active duty or to prepare them for release from the service. We are now using industrial equipment and processes to attain this objective."

DICUMAROL

Dicumarol is the registered collective trade mark adopted by the Wisconsin Alumni Research Foundation for the synthetic preparation 3,3'-Methylenebis (4-Hydroxycoumarin). This is the first time, according to E. R. Squibb & Sons, that a collective trade mark controlled by a licensor has been used by pharmaceutical manufacturers, a point which is of interest.

All licensees (Squibb, Abbott, Lilly and Ayerst, McKenna and Harrison) are using the name Dicumarol, which will serve to prevent confusion among pharmacists and physicians. This seems to be a far more satisfactory procedure than the adoption of different names by the various licensees.

LOWEST PRICE DEAL IN HISTORY OF PETROGALAR

Petrogalar is now being offered to the retail drug trade at the lowest price in the twenty-two years of its history as a popular "family" laxative.

With full-page advertising in leading trade and medical publications, Wyeth Incorporated is announcing, in addition to the usual discounts, a special discount deal of 10 per cent on each five dozen purchase of 16-oz. Petrogalar. The offer became effective September 15 and will continue until November 13. The details include a convenient four-month Winter Dating plan.

Every druggist taking advantage of this unprecedented low cost Petrogalar deal will agree to use an attractive counter display which the manufacturer will make available. The display includes a liberal supply of attractively illustrated booklets emphasizing the importance of "habit time" in the management of constipation. Both the display and the literature have been approved by the Council on Pharmacy and Chemistry of the American Medical Association.

"COUNTRY DOCTOR" FEATURED IN UPJOHN WINDOW DISPLAY

The health of the family is of paramount importance during these vital war days. The family doctor is carrying a tremendous load—with thousands of his brother physicians and surgeons serving with the armed forces.

That is why The Upjohn Company in their forthcoming window display will again honor the profession that is performing herculean home-front tasks at all hours of the day and night, seven days a week, and successfully maintaining the health of Americans at a high level.

The centerpiece of the display is the Norman Rockwell painting which has come to be called "The Country

Cook County
Graduate School of Medicine
(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting November 13 and November 27.

GYNECOLOGY—Two Weeks Intensive Course starting February 26, 1945.

OBSTETRICS—Two Weeks Intensive Course starting February 12, 1945.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Course X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

S. A. Kyle Funeral Director

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive





with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective, and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

Doctor." It depicts a mother and three children in a doctor's office. This is the painting that won such acclaim from professional men and laymen alike when it first appeared in an Upjohn window display several years ago. It's really a command repeat performance—only this time the picture is in a larger and more dominant size. It will appear soon in drugstores all over the nation.

This is another in a long series of Upjohn displays produced in honor of the medical and drug professions.

VITULES ANNOUNCED BY WYETH INCORPORATED

VITULES is the big news in connection with Wyeth's special fall and winter campaign for its several vitamin products. In full-page black and white advertising and in two-page spreads, Vitules are being announced for the first time to the drug trade and medical professions as "improved formula vitamin capsules." The formula is based on the "recommended dietary allowances of all essential vitamins as established by the Food and Nutrition Board of the National Research Council, for the moderately active adult male." The vitamin potencies are considerably in excess of the minimum daily requirements.

Another important announcement in the campaign is that WYMINS, Wyeth's popular polyvitamin capsules are now available in vials of 30, and in bottles of 100. Heretofore, this product was supplied mainly in bulk lots of 1,000 capsules.

Still another addition to the Wyeth vitamin line is Plebex Tablets. These are natural vitamin B-Complex tablets prepared from high-grade brewer's yeast.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

THE ELECTROCARDIOGRAM; ITS INTERPRETATION AND CLINICAL APPLICATION. By Louis H. Sigler, M. D., F. A. C. P., attending cardiologist and chief of cardiac clinics, Coney Island and Harbor Hospitals, New York. Emphasis is placed on essentials, and chapters are devoted to the electrical impulses of the heart; the precordial leads; the coronary circulation; the electrocardiogram in differential diagnosis; the cardiac diseases. Cloth. Price, $7.50. Pp. 415, with 203 illustrations. New York: Grune & Stratton, Inc., 1944.

PATRONIZE

JOURNAL ADVERTISERS

Our advertisers bear the stamp of approval of the American Medical Association and also of the Florida Medical Association. They merit your first consideration.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101

HAVE YOU PATIENTS

With Any Of These Conditions?



Spencer Abdominol Supporting Corset shown open revealing inner support. This is o SEPARATE section, odjustoble to the corset section and the potient's figure by meons of flot tapes thot emerge on outside of corset.

Hernia?

Enteroptosis with Symptoms?

Sacroiliac Sprain or other Back Injury?

Spinal Arthritis or Sciatica?

Postoperative Conditions?

Maternity or Postpartum Conditions?

Breast Problems?

When you prescribe a Spencer Support you are assured it will meet your specific requirements and the patient's figure needs, *because* it will be individually designed, cut and made for the one patient who is to wear it.

Every Spencer Support is individually designed for the patient of non-elastic material. Hence, the support it provides is constant, and a Spencer can be—and IS—guaranteed NEVER to lose its shape. Spencer Supports have never been made to *stretch to fit;* they have always been *designed to fit.* Why prescribe a support that soon loses its shape and becomes useless before worn out? Spencers are light, flexible, durable, easily laundered.

For service, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

.....M. D.

Address

..... R-11



THE story of Penicillin is a shining example of international cooperation for the good of mankind.

From Fleming's observations in 1929, through the pioneer work of Florey's research team, to the large-scale production of Penicillin by the American Pharmaceutical Industry, the story is one of unprecedented teamwork which has extended far beyond national boundaries.

Such cordial cooperation between individual British and American scientists, the Rockefeller Foundation, the National Research Council, the U. S. Department of Agriculture, the War Production Board, the American Pharmaceutical Industry, and the Medical Services of the British and American Armed Forces, has never before been equaled.

Cheplin Biological Laboratories, Inc. are proud to be a member of this international team.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Unit of Bristol-Myers Company)

Syracuse, New York

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

BE INFORMED ABOUT PUBLIC RELATIONS

Dear Public Relations Chairmen:

Please pass on to your group the following information so that we may impress upon each auxiliary member the importance of a public relations department:

1. *Why a Public Relations Program?*

To give facts from organization to individual.

To create a better understanding between members of the profession and the laity.

To advance health education in the proper manner.

To give practical, useful service to the community in health matters.

2. *How can Auxiliary members further good Public Relations?*

By keeping in mind the proper status of an Auxiliary member and confining all activities within these limits.

By proper conduct in forum or argument on health subjects.

By serving on program committees in all clubs interested in health education.

By working on committees serving libraries to give authentic information concerning books on health.

By keeping a close watch on medical films and opposing untrue or misleading medical features.

By sponsoring health contests and exhibitions of health posters.

By supplying competent speakers to talk on questions of health to lay groups.

By promoting the attitude and aims of American medicine on all questions related to health when the occasion arise.

Please send me a complete report of the public relations activities of your auxiliary by March 30, so that I may give you full credit in my annual report at the state convention in 1945.

Sincerely yours,

Mrs. Rupert Stovall, *State Chairman*,
916 S. W. 6th St., Ft. Lauderdale.

MIAMI SURGICAL COMPANY
B. MARIAN BEALS, President-Treasurer
Established 1926
Hospital and Physicians' Supplies
Headquarters for
Laboratory Supplies, Laboratory Chemicals and Reagents
We respectfully solicit your orders
Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

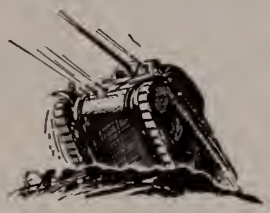
Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS EXCLUSIVELY

$5,000.00 accidental death **$25.00 weekly indemnity, accident and sickness**	For **$32.00** per year
$10,000.00 accidental death **$50.00 weekly indemnity, accident and sickness**	For **$64.00** per year
$15,000.00 accidental death **$75.00 weekly indemnity, accident and sickness**	For **$96.00** per year

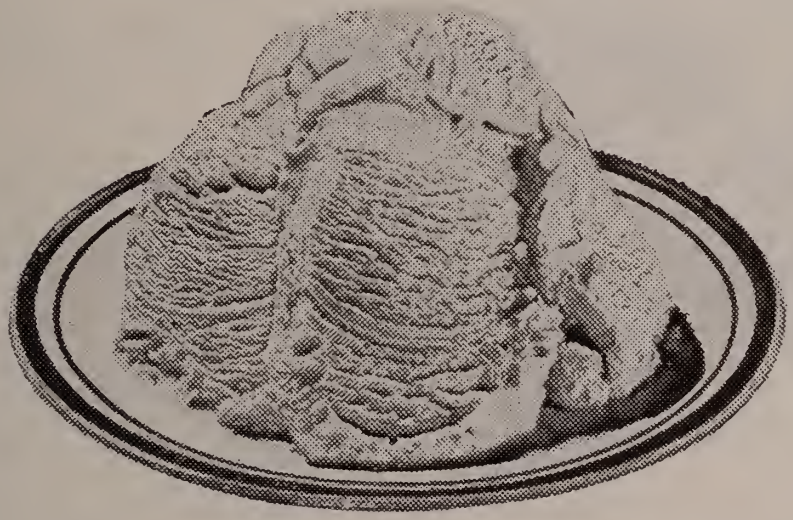
ALSO HOSPITAL EXPENSE FOR MEMBERS. WIVES AND CHILDREN

42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
Disability need not be incurred in line of duty—benefits from the beginning day of disability
86c out of each $1.00 gross income used for members' benefit
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.

IN THE FRONT RANKS OF FIGHTING FOODS



Sealtest ICE CREAM



America's wartime effort can be only as strong as the nutrition behind it. Sealtest Ice Cream is one of the foods that will keep that effort at top-pitch.

Yes, ice cream, as a source of nutrition, has won a front-line place on the Government's food-for-victory program. It is rich in milk-vitamins, in protein, in the minerals it takes to keep up that fighting spirit. But that's not all! Sealtest Ice Cream takes honors as a morale-lifter, too! So delicious, so refreshing, is Sealtest Ice Cream, that it helps put an extra "punch" to that job we all have to do.

Southern Dairies



Sealtest ICE CREAM

NATIONAL DAIRY Sealtest PRODUCTS CORP.

DIVISION OF NATIONAL DAIRY PRODUCTS CORP.

SPECIALIZATION —

A widely diversified technical experience enables us to serve the professional equipment and supply needs of physicians, hospitals, and laboratories.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

P O BOX 2669 820 24 W BAY ST.

Jacksonville 3, Florida



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS. Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

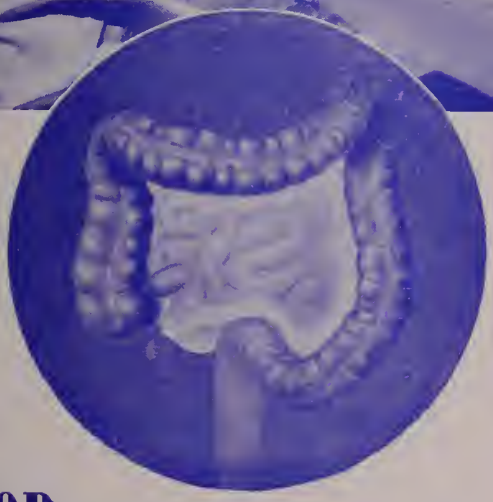
Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee. Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala. Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota. Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	
Southern Medical Association	James A. Ryan, Covington, Ky.	Mr. C. P. Loranz, Birmingham	St. Louis, Nov. 13-16, 1944
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 1
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, Nov. 4, 1944
Dental Society, State	E. C. Lunsford, D.D.S., Miami	H. L. Cartee, D.D.S., Miami	Miami Beach, Nov. 9-11,
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons. Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	George S. McClellan, Pompano	H. D. Van Schaick, Miami	Jacksonville, Nov. 20, 21,
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr R Q. Richards, Ft Myers	Miami, Postponed
Public Health Association	A. P. Black, Gainesville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 4-6, 194
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W C Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med Assn.	Herbert E. White, St. Augustine	Robert B McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	
Southeastern Surgical Congress	Alton Ochsner New Orleans	B T Beasley, Atlanta	Postponed
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H S Howell, Lake City	





FOR CONSTIPATION DUE TO MEDICATION...

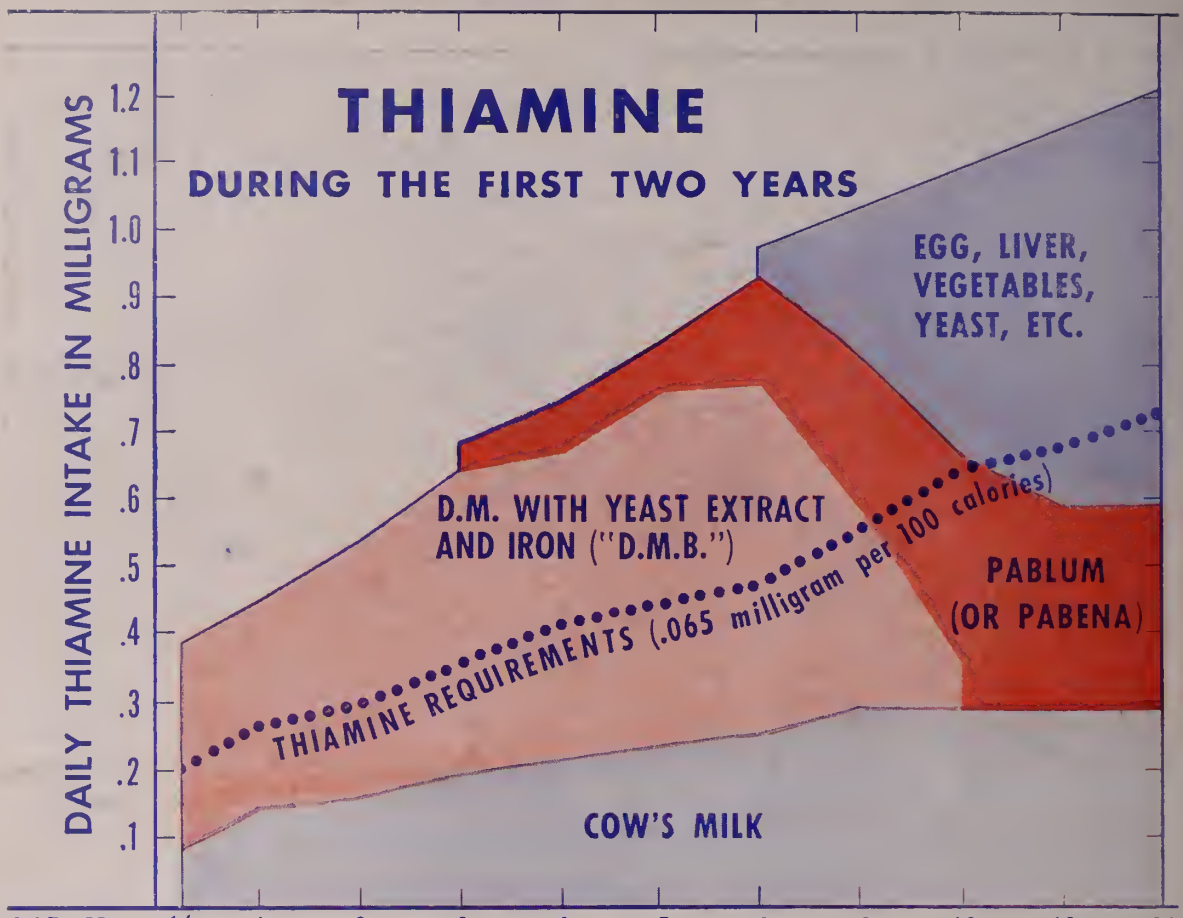
You know only too well that a number of useful, necessary medications may induce constipation as an unfortunate by-product. The normal cycle of bowel evacuations is thrown off schedule.

Petrogalar gently, persistently, *safely* helps to establish "habit time" for bowel movement. It is evenly disseminated throughout the bowel, effectively penetrating and softening hard, dry feces, resulting in comfortable elimination with no straining . . . no discomfort. Petrogalar to be used only as directed.

A medicinal specialty of WYETH Incorporated, Petrogalar Laboratories, Inc. Division, Philadelphia.

Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly. Five types afford a selection of medication adaptable to the individual patient. Supplied in 16-ounce bottles.

Petrogalar
REG. U.S. PAT. OFF.
Wyeth
FOR SAFE RETURN TO "HABIT TIME"



AGE, Mos.	¼	1	2	3	4	5	6	9	12	18	24
WEIGHT, Lbs.	7	9	10	12	14	15	16	19	22	23	25
MILK, Oz.	10	16	18	21	24	26	28	32	32	32	32
"D.M.B.," Oz.	1	1	1¼	1½	1½	1¾	1¾	1	¼	0	0
PABLUM, Oz.	0	0	0	⅛	¼	¼	½	¾	1	1	1

THIAMINE DURING THE FIRST TWO YEARS

Thiamine functions as a component of a cellular respiratory enzyme system, and is necessary for the complete combustion of carbohydrate. Complete thiamine deficiency eventually results in beriberi, which happily is seldom seen in America. However, authorities agree that partial thiamine deficiency in this country is widespread.

In clinical practice, it is desirable to allow a liberal margin of safety over calculated requirements. The chart shows that this safety factor may be assured when the carbohydrate is "D.M.B." and the cereal is either Pablum or Pabena.

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

NEW YORK ACADEMY OF 2
MEDICINE
2 E 103RD ST

THE N.Y. ACADEMY OF MEDICINE
1944
RY

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI DECEMBER, 1944 No. 6

CONTENTS

Gynecologic Problems Beginning at Forty, Lt. Comdr. Carroll J. Fairo, Palm Beach ... 257

Stab Wounds with the Weapon Remaining in Place; Report of 3 Cases, Charles B. Mabry, M. D., and J. Benham Stewart, M. D., Jacksonville ... 260

Vale, Alma Mater, Louis J. Karnosh, M. D. ... 263

Abstracts of Medical Articles ... 265

Editorials: Annual Meeting, 1945; Medical Leaders Not Consulted by A. P. H. A. Council Before Adopting Report Favoring Compulsory Health Plan; J. A. M. A. Receives First Medical Report from a Nazi Liberated Nation ... 267

Board of Governors' Meeting ... 269

Relocated Physicians Temporarily Licensed ... 269

Poll Unfavorable to Socialized Medicine ... 269

State News Items ... 269

Deaths ... 270

Component County Society Notes ... 270

Advertisers' Notes ... 272

Books Received ... 274

Woman's Auxiliary ... 276

Schedule of Meetings ... 277

Component Societies by Medical Districts ... 278

BUY WAR BONDS

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

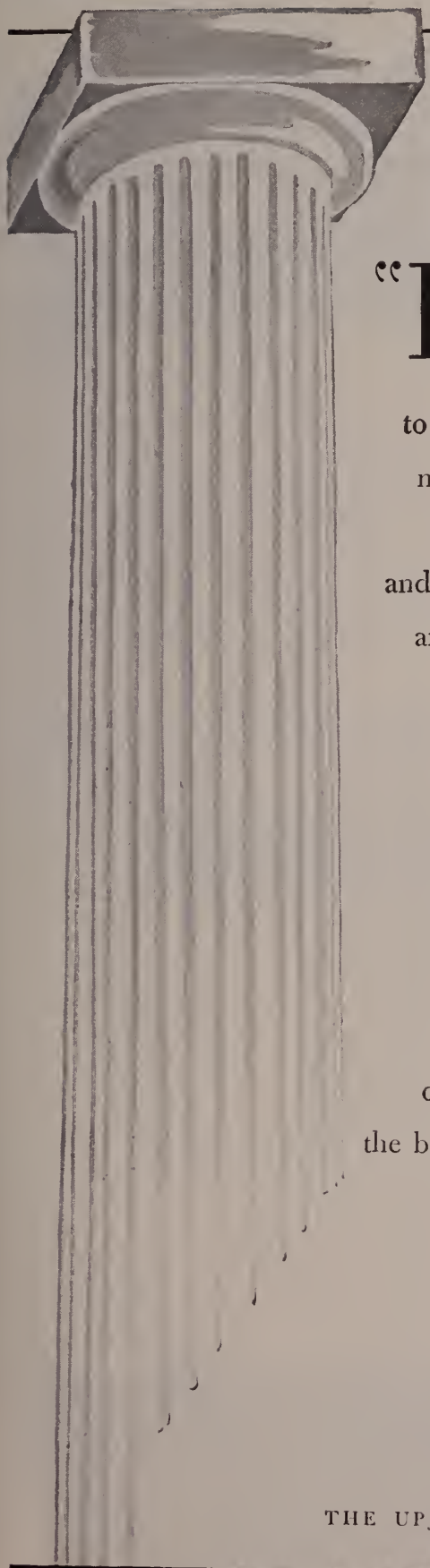


. . . TO MEN OF GOOD WILL

That all men everywhere may breathe again as free men ☆ ☆ That suffering and oppression may vanish forever from the earth ☆ ☆ That all men may regain their self-respect ☆ ☆ That the labor of all men may be devoted to the good of mankind ☆ ☆ That the pain and the hurt of all men be mercifully healed ☆ ☆ That all may live in peace forever!

We, men and women of Wyeth . . . as one voice, make this wish. To the doctors and nurses in our Army and Navy in the far corners of the earth; to our doctors and nurses at home; to our druggists; we at Wyeth are proud to have been of service. Proud and honored to have received our third Army-Navy "E". To you, men and women of mercy—our hand and our utmost support at all times.

Wyeth



"Let us strive on

to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow and his orphan—to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

A. Lincoln

THE SIXTH WAR LOAN

affords us the privilege of giving more of ourselves to "him who shall have borne the battle." We must not, we will not, fail him.

Upjohn

FINE PHARMACEUTICALS SINCE 1886

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

WALKER VITAMINS
are good vitamins

COUNCIL ACCEPTED

Ethical preparations of finest quality . . . pure, potent and rigidly standardized . . . advertised exclusively to the profession, and sold at consistently economical prices.

TABLETS

Thiamine Hcl.	1 Mg.
Thiamine Hcl.	3 Mg.
Thiamine Hcl.	5 Mg.
Thiamine Hcl.	10 Mg.
Ascorbic Acid	25 Mg.
Ascorbic Acid	50 Mg.
Ascorbic Acid	100 Mg.
Riboflavin	1 Mg.
Riboflavin	5 Mg.
Niacin	20 Mg.
Niacin	50 Mg.
Niacin	100 Mg.
Niacinamide	20 Mg.
Niacinamide	50 Mg.
Niacinamide	100 Mg.

SOLUTIONS

Sol. Thiamine Hcl. Oral
(100 I.U. per drop)
Con. Oleo A-D Drops
(2000 I.U. A and 300 I.U. D per drop)

CAPSULES

Oleo Vitamin A Capsules 25,000 I.U.

for prices and full details, write
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON • NEW YORK



for Infants and Children

MILK DIFFUSIBLE *Vitamin* D PREPARATION

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

does not float on milk
does not adhere to bottle
does not have a fishy taste or odor

Drisdal in Propylene Glycol—10,000 units per Gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each battle.

WINTHROP

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

WINTHROP CHEMICAL COMPANY, INC. NEW YORK 13, N. Y.
Pharmaceuticals of merit for the physician WINDSOR, ONT.

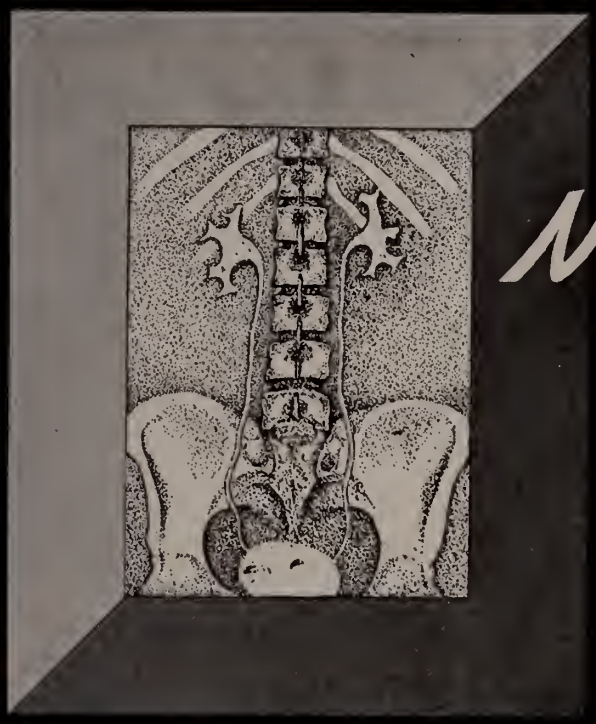
Drisdol *in* **Propylene Glycol**

Brand of
Crystalline Vitamin D_2
from ergasterol

Reg. U. S. Pat. Off. & Canada


Christmas 1944
Confident that every loyal citizen will continue to contribute his best to our country's effort, we approach the coming year with renewed hope in the return of an enduring peace.
To all who have served the nation, at home or abroad, we extend our wishes for a bright Christmas and a New Year filled with happiness.
PEACE
JULIUS SCHMID, INC.
Established 1883
423 West 55 St.
New York, N.Y.
A MARK OF
Ramses
DEPENDABILITY

BEING a stable, organic iodide, NEO-IOPAX may be used with greater safety than other types of iodine preparations in all age groups. Because of its optimal iodine content and its rapid excretion in high concentration, diagnostic films may be obtained within five minutes after injection. NEO-IOPAX is usually well tolerated both by intravenous injection and retrograde administration.



Neo-Iopax

IN INTRAVENOUS UROGRAPHY

IN RETROGRADE PYELOGRAPHY

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

SOLUTION NEO-IOPAX: Crystal-clear solution of disodium *N*-methyl-3, 5-diiodo-chelidamate in 50% and 75% concentration.

COMBINATION economy package of 50% solution containing both 20 cc. ampules and 10 cc. ampules: also 75% solution in ampules of 20 cc. or 10 cc.

SCHERING CORPORATION • BLOOMFIELD • N. J.

FOR VICTORY AND AFTER: BUY WAR BONDS



Vitamins Alone

MAY NOT BE ENOUGH

The current popularization of the importance of vitamins, though true in most respects, may prove harmful because of the decreased emphasis placed upon other essential nutrients. A good nutritional state, which is so specially important for the industrial worker, can only be achieved by satisfying all nutritional requirements, not merely those of vitamins, but of minerals, proteins, and calories as well.

A food supplement in the literal sense of the word, Ovaltine is a balanced mixture of nutrients, which provides virtually all the metabolic essentials. When taken twice daily with the average diet, Ovaltine makes good the deficiencies usually encountered, and converts the total daily intake to nutritionally satisfying levels. The easy digestibility of this delicious food drink is an added advantage.

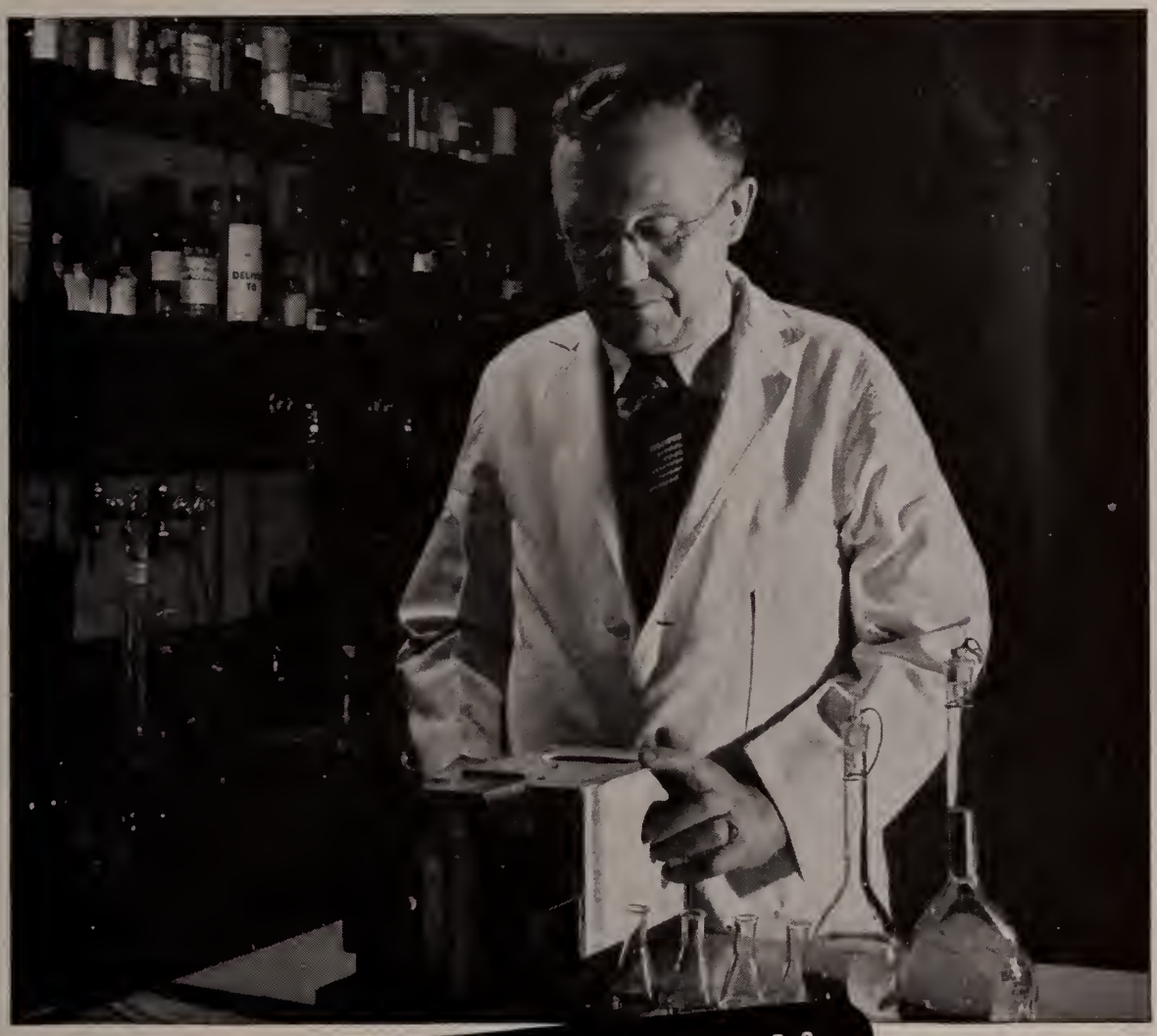
THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three daily servings (1½ oz.) of Ovaltine, each serving made with 8 oz. of milk, provide:

	Dry Ovaltine	Ovaltine with milk		Dry Ovaltine	Ovaltine with milk
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A	1500 I.U.	2953 I.U.
CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	5.0 mg.	7.0 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.





In research on the sulfa drugs we are investigating the long list of possible chemical analogues of sulfanilamide . . . seeking compounds of greater effectiveness and less toxicity. But our studies go far deeper than that . . . we are inquiring into the interference of various substances with the action of sulfonamide drugs, for through a knowledge of the mechanics of these inhibitory agents we hope, in turn, to learn more about the action of the sulfas, and thus throw new light on this important field of chemotherapy.

PARKE, DAVIS & COMPANY DETROIT 32, MICHIGAN

How safe and effective is TAMPAX?

Intensive 5-year study of 2340 cases answers important questions on use of Tampax Menstrual Tampons

THE results of a comprehensive investigation into the safety and efficacy of Tampax menstrual Tampons provide valuable data for the physician's consideration. In this project, studies of bacterial flora and hydrogen ion concentration, vaginal mucosal biopsies and glycogen determinations were undertaken, in addition to gross examinations . . . to answer the following questions:

Do tampons cause cancer, erosion, or vaginitis?

No production of irritation or discharge, vaginitis or cervicitis was found in one study group of 218 women employing tampons regularly for one year or over.

Do tampons block the flow?

Tampons do not block the flow. On the contrary, they actually act as a wick to draw blood away from the cervix.

Do tampons irritate the delicate vaginal tissue?

Careful and repeated observations on over 500 private patients using vaginal tampons during menstruation failed to reveal any instance in which harm resulted.

Should tampons be worn only at the start and end of menstruation?

In 110 young nurses (another study group), 95 per cent used tampons with satisfaction all through menstruation. Only 5 per cent could not use tampons in the middle of the period, and in these cases the flow was excessive.

Do tampons overcome the problem of menstrual odor?

Definitely yes, as shown by this study and by numerous investigators.

Are tampons comfortable and do they help the psychological attitude toward menstruation?

The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep. A large number of patients have voluntarily stated, without being questioned, that premenstrual and menstrual tension disappeared following the adoption of tampon hygiene.

TAMPAX INCORPORATED, PALMER, MASS.

TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

TAMPAX INCORPORATED
PALMER, MASS.

Please send me a professional supply of the three sizes of Tampax.

FL-124

Name

Address

City

Heroes of the United States Medical Services





Able Disciple of Jenner

DR. BENJAMIN WATERHOUSE
(1754-1846) U.S. Public Health Service

With Jenner's cow-pox substance, Dr. Waterhouse first introduced vaccination against smallpox in the United States in the face of great opposition. Appointed Physician-in-Charge of the Boston Marine Hospital, he developed the first out-patient service of the institution and permitted students of Harvard Medical College to observe clinical practice.

Due to his pioneering in inoculation, the U. S. Public Health Service has developed along lines which, particularly in infectious epidemics, enabled them to control or prevent the spread of disease among civilians, a work particularly important in wartime.

© 1944, C. P. P., Inc.



Ciba Pharmaceutical Products, Inc. salutes the men in the Medical Services of the United States as well as those in civilian forces responsible for health "behind the lines."

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

THEY FEEL



THE PULSE OF A PEOPLE

Through the sensitive fingers of the physician the heart transmits its message... a message whose rate, rhythm, volume, and tension are an important aid to diagnosis. The strong throb of youth, the failing flutter of age, the danger signs of disease... all these he feels and recognizes.

But disease is not cured by diagnosis alone. The skillful judgment of the physician must be supported by effective treatment, and it is to this phase of medicine's service that CIBA devotes its laboratories, its personnel, and its manufacturing facilities. CIBA'S products of distinction fulfill the promise of those whose task it is to protect and preserve the health of man.

Ciba

PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

IN CANADA—CIBA COMPANY LIMITED, MONTREAL



These people buy a battleship —every week!

Meet John S.....and Mary D.....

John works at an electronics plant on Long Island, and makes $85 a week. Almost 16% of it goes into War Bonds.

Mary has been driving rivets into bombers at an airplane plant on the West Coast. She makes $55 a week, and puts 14% of it into War Bonds.

John and Mary are typical of more than 27 million Americans on the Payroll Savings Plan who, every single month, put half a BILLION dollars into War Bonds. That's enough to buy one of those hundred-million-dollar battleships every week, with enough money for an aircraft carrier and three or four cruisers left over.

In addition, John and Mary and the other people on the Payroll Plan have been among the biggest buyers of *extra* Bonds in every War Loan Drive.

They've financed a good share of our war effort all by themselves, and they've tucked away billions of dollars in savings that are going to come in mighty handy for both them and their country later on.

When this war is won, and we start giving credit where credit is due, don't forget John and Mary. After the fighting men, they deserve a place at the top. They've earned it.



You've backed the attack—now speed the victory!

FLORIDA MEDICAL ASSOCIATION

This is an official U. S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

Doctor, have you ever suffered from THROAT IRRITATION due to smoking?

SO MANY DOCTORS, skeptical even in the face of thoroughly authenticated studies, have been convinced of PHILIP MORRIS' superiority by their own *personal* experience.

When your *own* throat irritation, due to smoking, clears up on changing to PHILIP MORRIS . . . when your *own* "smoker's cough" disappears, you are naturally more receptive to *similar* findings of other medical authorities, i. e., . . .

When smokers changed to PHILIP MORRIS, substantially every case of throat irritation due to smoking cleared completely or definitely improved.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



THE story of Penicillin is a shining example of international cooperation for the good of mankind.

From Fleming's observations in 1929, through the pioneer work of Florey's research team, to the large-scale production of Penicillin by the American Pharmaceutical Industry, the story is one of unprecedented teamwork which has extended far beyond national boundaries.

Such cordial cooperation between individual British and American scientists, the Rockefeller Foundation, the National Research Council, the U. S. Department of Agriculture, the War Production Board, the American Pharmaceutical Industry, and the Medical Services of the British and American Armed Forces, has never before been equaled.

Cheplin Biological Laboratories, Inc. are proud to be a member of this international team.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Unit of Bristol-Myers Company)

Syracuse, New York


Quality
carries on
Coca-Cola
TRADE MARK REGISTERED
BOTTLE PAT. D-105529
Drink
Coca-Cola
Delicious and
Refreshing

From Petri Dish to Giant Tank





THAT, in brief, is the drama of the mushrooming growth of penicillin production. The House of Squibb, as you would expect, has played a major part in this triumph of modern science.

When Dr. Florey came to this country in 1941 to enlist American aid in the mass production of penicillin, the Squibb Laboratories had already been engaged in penicillin research for nearly a year. In January, 1942, Penicillin Squibb was one of three brands made available to the Office of Scientific Research and Development.

Although, three years ago, penicillin production was a matter of culture plates, laboratory flasks and tens of units, today Penicillin Squibb is cultured in giant tanks holding thousands of gallons of solution and producing billions of units of penicillin at one "harvest." Thus E. R. Squibb & Sons are today one of the world's largest producers of penicillin.

To this production Squibb has brought the accumulated knowledge and experience of 86 years as manufacturing chemists to the medical profession, plus the fruits of more than a quarter-century devoted to research and manufacture of biologicals. Today's great production of Penicillin Squibb is simply a continuation of the old Squibb ideal of translating experimental research into practical reality.

With such a background Penicillin Squibb is naturally a product as pure, uniform and reaction-free as contemporary science can produce. You will find in Penicillin Squibb the same high standards of purity, potency and dependability which have characterized Squibb products since 1858. When penicillin is finally released for unrestricted sale, be sure you get . . .

Penicillin Sodium Squibb

E. R. SQUIBB & SONS, NEW YORK

Manufacturing Chemists to the Medical Profession since 1858

SPECIALIZATION —

While the world has hardly reached a machine age in medicine and surgery, both hospitals and physicians increasingly look to machines to implement their service and skill.

These instruments and apparatus, upon which so much depends, require experienced technical assistance in their selection, installation, and maintenance.

A widely diversified technical experience enables us to serve the professional equipment and supply needs of hospitals, laboratories, and physicians.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Byron Thompson
W. A. McPhaul, Jr.
Ray Thompson
Geo. A. Jeffers

Carroll E. Carter
David L. Young
David L. Redd

P. O. BOX 2669 820-24 W. BAY ST.
Jacksonville 3, Florida

In Choosing an Estrogen consider:

OCTOFOLLIN*
Schieffelin Brand of Benzestrol
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

for

CONVENIENCE

COMFORT

COST

. . . *because* it can be administered orally, makes for CONVENIENCE for you and your patient.

. . . *because* it effectively relieves symptoms and apparently produces no more untoward reactions than do natural estrogens, your patient's COMFORT is assured.

. . . *because* it is very moderately priced in both tablets and solution, COST, as a possible objection, is ruled out.

OCTOFOLLIN TABLETS
0.5, 1.0, 2.0, 5.0 mg.
Bottles of 30, 100 and 1000

OCTOFOLLIN SOLUTION
5 mg. per cc in oil
Rubber capped vials of 10 cc

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N.Y.

*Reg. U. S. Pat. Off. The trademark OCTOFOLLIN identifies the Schieffelin brand of Benzestrol



"IT'S an ill wind that blows no good," the old proverb declares.

And the genius of medical men is giving new meaning to these old words.

For in the ill wind, the shattering, terrible wind of war, they are finding new facts . . . developing new skills . . . improvising new techniques . . . reaping new knowledge that will play a vast, important part in the building of that "better world to come."



COSTLIER TOBACCOS

Camel

(This salute is published by the makers of Camel, the cigarette that is proud to be a favorite with men who wear the caduceus, as well as men in all the other services — according to actual sales records.)

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director Box 177 San Marcos, Texas



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

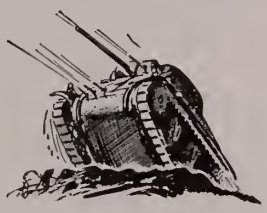
Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

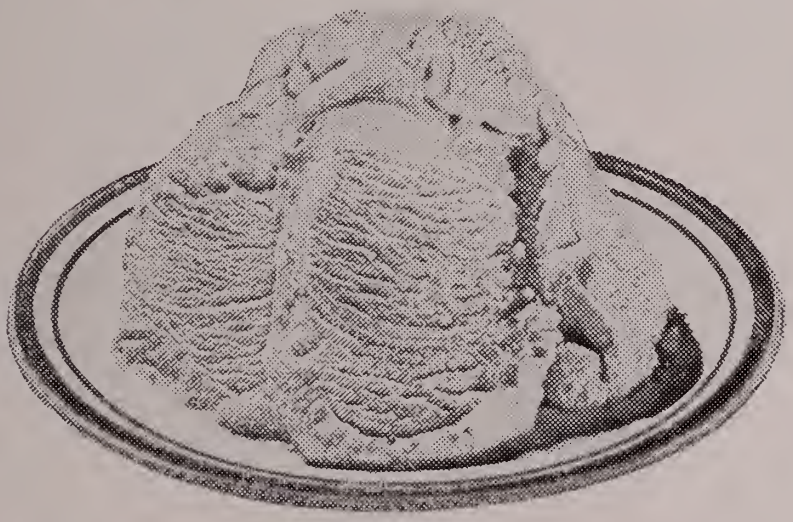
Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

IN THE FRONT RANKS OF FIGHTING FOODS



Sealtest ICE CREAM



America's wartime effort can be only as strong as the nutrition behind it. Sealtest Ice Cream is one of the foods that will keep that effort at top-pitch.

Yes, ice cream, as a source of nutrition, has won a front-line place on the Government's food-for-victory program. It is rich in milk-vitamins, in protein, in the minerals it takes to keep up that fighting spirit. But that's not all! Sealtest Ice Cream takes honors as a morale-lifter, too! So delicious, so refreshing, is Sealtest Ice Cream, that it helps put an extra "punch" to that job we all have to do.

Southern Dairies



Sealtest ICE CREAM

NATIONAL DAIRY Sealtest PRODUCTS CORP.

DIVISION OF NATIONAL DAIRY PRODUCTS CORP.



As the new year unfolds, we look forward to the day when once again our young men will return to peaceful pursuits . . . when families will once more meet in celebration of our national holidays, serene in the knowledge that loved ones are home to stay. Until that day, you and we feel a mighty obligation to give more than our best to the cause of Victory—and Peace.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

Cook County
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting January 15, 1945, and every two weeks during the year.

GYNECOLOGY—Two Weeks Intensive Course starting February 26, 1945.

OBSTETRICS—Two Weeks Intensive Course starting February 12, 1945.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS EXCLUSIVELY

$5,000.00 accidental death **$25.00 weekly indemnity, accident and sickness**	For **$32.00** per year
$10,000.00 accidental death **$50.00 weekly indemnity, accident and sickness**	For **$64.00** per year
$15,000.00 accidental death **$75.00 weekly indemnity, accident and sickness**	For **$96.00** per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

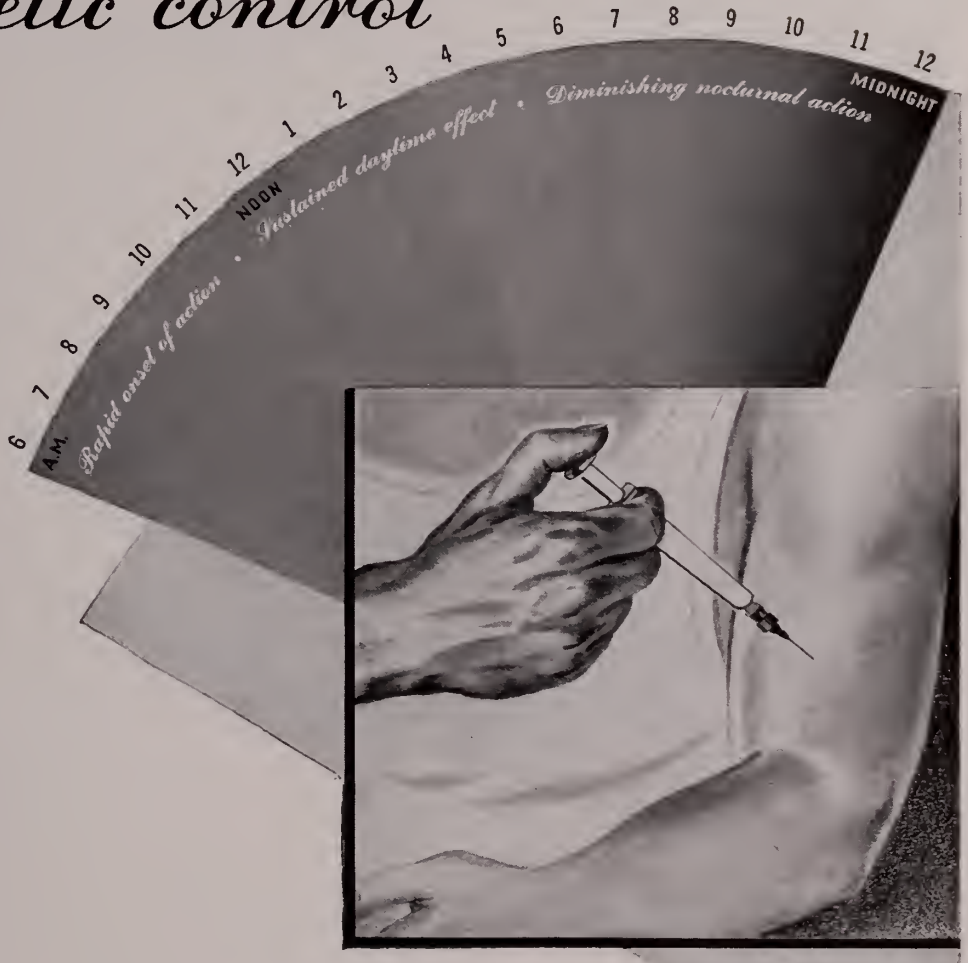
42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.

Sustained TIMED *diabetic control*



'Wellcome' Globin Insulin with Zinc is a distinct new aid to the physician seeking an effective method of controlling a particular patient's hyperglycemia. Injected an hour before breakfast, it is timed for the day's normal activities. Action is prompt initially, concentrated during daytime hours, diminished during the night.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic properties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Pat. No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

Comprehensive booklet "GLOBIN INSULIN" sent on request.



BURROUGHS WELLCOME & CO., (U. S. A.) INC.
9-11 East 41st Street, New York 17, New York

PENICILLIN-C.S.C.



Unretouched photo of refrigerator car being loaded with Penicillin-C.S.C.

A FULL-CARLOAD SHIPMENT OF PENICILLIN

This shipment of Penicillin-C.S.C. to the armed forces demonstrates the tremendous growth of production here at the Commercial Solvents Corporation penicillin plant. Billions upon billions of units of Penicillin-C.S.C. are constantly being shipped to every corner of the globe, wherever Americans are waging the fight for a better, safer future. Part of that better future will be the potent antibiotic weapon which Penicillin-C.S.C. provides in the physician's fight against disease.

For The Armed Forces

WHETHER penicillin will be released for broad civilian practice tomorrow or on some more distant day, adequate distribution facilities for Penicillin-C.S.C. have been arranged. It will be available in every part of the United States, in amply stocked depots, to supply the needs of every physician, every hospital. For office practice and for administration in the patient's home, it will be available in combination packages providing two rubber-stoppered, serum-type vials, one containing 100,000 Oxford Units of Penicillin-C.S.C., the other permitting the withdrawal of 20 cubic centimeters of sterile pyrogen-free physiologic salt solution in which the penicillin is to be dissolved.

PHARMACEUTICAL DIVISION

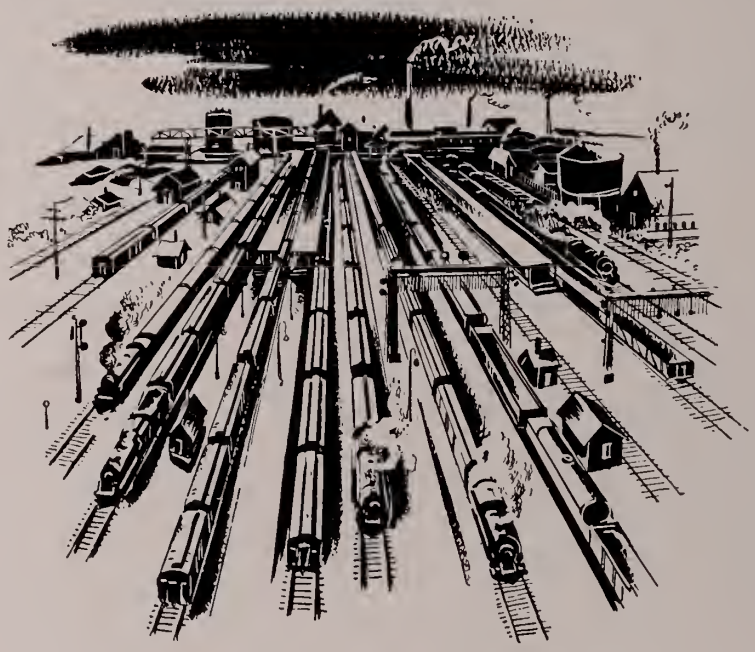
COMMERCIAL SOLVENTS

Corporation

17 East 42nd Street New York 17, N. Y.

CSC





CENTRAL *Terminal*

LIKE the center of a giant spider web, threads of steel lead into Central Terminal from the far reaches of the continent. Here, cargoes from the markets of the world are unloaded, sorted, and assembled for distribution. Somewhat obscure among the many consignments are the therapeutic agents destined for the Edward Watson Pharmacy on Market Street.

As the freight terminal serves the great city, so does Pharmacist Watson's prescription department serve as the health center for his community. Pharmacist Watson prides himself on the quality and completeness of his stock. Through him, medicaments from all of the great drug manufacturers find their way to the physician's office, to the hospital, and to the home of the patient.

Eli Lilly and Company, Indianapolis 6, Indiana, U. S. A.

Lilly

INVEST IN AMERICA • BUY WAR BONDS

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, December, 1944 | No. 6

GYNECOLOGIC PROBLEMS BEGINNING AT FORTY

LT. COMDR. CARROLL J. FAIRO
PALM BEACH

Women patients may be divided into three age groups for practical purposes: (1) from birth to the reproductive period; (2) the reproductive period; and (3) the postproductive period, or, generally speaking, the period after 40 years of age. It is this third group that is perhaps the most important one from the standpoint of symptoms which may lead to some condition of a more serious nature.

In beginning this discussion, I believe that patients in this group should be permitted to give their complete history in their own words, and any discrepancy in the history is to be obtained by leading questions. A complete history is, of course, essential, and in proceeding without one the physician is not only handicapping himself, but jeopardizing the patient's life and personal well-being.

The physical examination should be complete, and it is unnecessary here to go into minute details, but I should like to emphasize two particularly important points in the gynecologic examination. These points are: (1) an empty bladder, and (2) an empty rectum. In our office my associates and I keep at all times a sterile metal catheter, and all patients are routinely catheterized previous to examination. I believe many mistakes are made in pelvic examinations because of a full bladder, thus hindering a good examination. Likewise, if the rectum is full of feces, many mistakes can be made. The patients are instructed to take either an enema or a cathartic and return the next day for examination.

Many women are examined daily without ever having the external genitals examined under a good light. This is a great mistake. A nonlubricated speculum is next used so as to get an uncontaminated vaginal discharge for microscopic examination. The complete detail of an examination is unnecessary repetition; however, it is appalling the number of women who are examined daily merely by means of the gloved finger in the presence of a full bladder and rectum and without visual inspection.

Read before the Seventy-First Annual Meeting of the Florida Medical Association, St. Petersburg, Apr. 13, 14, 1944.

The majority of complaints in our office in the order of frequency would seem to be the following:

I. Back Ache.—Most patients attribute back ache to some form of pelvic disease. In less than 10 per cent of the cases, however, is it due to pelvic disturbances. Back ache caused by pelvic disease is usually diffuse over the sacrum and definite tenderness is not prominent. Congestion of the pelvis is perhaps the most common cause of back ache of gynecologic origin. A posterior parametritis is perhaps the most persistent and annoying of all causes of back ache, while most back aches are due to faulty posture and muscle strain. A slight prolapse of the uterus with a cystocele or a rectocele usually causes more back ache than a complete prolapse of the uterus. A displacement of the uterus is believed to be the cause of many back aches; however, it is usually the condition which causes the displacement rather than the displacement that gives the patient this discomfort.

Relaxation, inflammation of pelvic organs, new growths and infected cervices are the most common causes of gynecologic back ache. Partial prolapse with posterior displacement and descencus may cause a considerable degree of back ache. It is for this condition that surgical measures are usually considered. First, however, a properly fitting pessary should be employed. If the pessary relieves the discomfort after a thorough trial, surgical intervention should be considered. If the pessary does not relieve the back ache, surgical measures would be a failure. Back ache may be caused by genital lesions, which lead to intrapelvic congestion with pressure or tension. The majority of back aches, I believe, are in the lumbosacral region and are not usually caused by pelvic conditions. Relaxation of the sacral joint does, however, occur in pregnancy, during menstruation and if the pelvis is congested.

II. Discharge.—This seems to be the second most common complaint. A normal discharge from the genital tract usually comes from the cervix and is tenacious, stringy and mucous in character; that from inside the uterus is the same, but lacks the tenacious character. A normal vaginal discharge is clear mucus mixed with epithelial cells from the vagina, giving a

white mucous epithelial discharge. This normal type of discharge is increased in a patient who is pregnant, who has poor health, who is convalescing from a debilitating disease, who takes strenuous exercise, who does considerable standing and who suffers from constipation. Normal secretions of the endometrium are increased as the menstrual cycle progresses. An acute onset of abnormal discharge is usually associated with gonorrhea and it should be understood that pus from the fallopian tubes does not drain through the uterus.

Abnormal discharges are of various types. a. *Bloody Discharge*: In this type of discharge one usually thinks of carcinoma, bleeding polyp, or a fibroid of the pedunculated type. b. *Watery Discharge*: This usually comes from a congestion following some inflammation or malignant condition of the cervix or body of the uterus. c. *Foul Discharge*: Foul discharge is usually present when there is necrotic tissue as in a degenerating fibroid or a malignant disease. d. *Yellow Discharge*: Yellow discharge is usually due to gonorrhea or some type of infection secondary to a malignant condition of the cervix. e. *White Discharge*: The last general type is usually whitish. As a rule it is associated with congestion due to a new growth or relaxation of pelvic tissues with displacement.

A microscopic examination of a vaginal discharge is essential. The specimen should be obtained with a nonlubricated speculum. Many patients take a douche of some type before coming to the office. If this measure has been taken, the microscopic examination should be postponed until such time as it is possible to get a good sample of the discharge. If the discharge is from an infected cervix, the simplest treatment seems to be some form of cautery to destroy the epithelial glands. A word of warning, is, however, timely here; do not cauterize the cervix if the patient has any pelvic pathologic condition higher up. If this warning is not taken, one may stir up an acute pelvic cellulitis. In my opinion many discharges are caused by indiscriminate use of douches. I do not believe it is wise for a patient with a negative pelvic tract ever to take any type of douche. If the patient insists on douching for any reason, she should be instructed to use an acid douch of either vinegar or lactic acid in the proper amount to give a douche of the same hydrogen ion concentration as the normal vaginal flora.

Discharge from a senile vagina responds well to acid douches with estrogen, either natural or synthetic, used locally, by mouth, or by hypodermic injection.

At the present time there is definite evidence to show that many simple vaginal discharges are benefited by the use of ordinary acid jellies. This treatment is particularly effective in infections such as thrush.

III. BLEEDING.—This is a symptom that many women have for some time before they present themselves for examination. It is unfortunate that many women believe that an increase in bleeding, either between periods or at the period, or an increase of the menstrual cycles is normal. Women should be instructed whenever possible, either in groups or individually, that any increase in bleeding near the menopause should be checked by a physician. Bleeding is one symptom in the presence of which, unless some definite evidence is found, such as polyps, ovarian cysts, malignant disease, blood dyscrasia, fibroids, or complications of pregnancy, the patient should have a diagnostic curettage. Too many patients with this symptom are put off for further observation only to have life-saving treatment delayed. Even a curettement done in the office is better than no curettement at all. It can be done by anyone with a little instruction. The proper procedure is a curettement in a hospital where the scrapings can be immediately placed in a solution of sodium citrate, strained, put in a 10 per cent solution of formalin and sent to the pathologist. Another important point is that the pathologist should be given all possible clinical evidence present. In bleeding in a patient between 40 and 50 years of age when malignant disease is suspected, carcinoma of the cervix should be considered. If the patient's age is more than 50, the usual carcinoma of the fundus and granulosa tumor should be ruled out. A biopsy should be done in every case in which the cervix presents a suspicious appearance.

IV. PELVIC PRESSURE.—Pelvic pressure is a sense of bearing down. In the group of patients with this complaint one usually finds some form of tumor such as a fibroid, hypertrophy of the uterus, or other type of new growth. In such cases surgical intervention is usually indicated. I do not believe it is necessary to operate on every woman because of the presence of a fibroid. If fibroids are small and causing bleeding, radiation will suffice. If they are not too large and cause no bleeding, but merely pressure, and the patient is near the menopause, observation is

probably the better course as they will cease to grow when the ovaries cease to function. There is only one exception, a fibroid of the cervix, which usually continues to grow after the menopause. Surgical measures are used too many times when observation or radiation would suffice.

V. Dysmenorrhea.—Painful menstruation beginning at the age of 40 and not present before is highly suggestive of some new growth; myoma, ovarian cyst, endometriosis, adenomyosis, pelvic inflammatory disease and occasionally uterine displacement are to be suspected. I believe the myoma occurs most commonly. Patients experiencing this difficulty should be again examined carefully, and if the previously mentioned conditions exist, the proper treatment should be given.

VI. Vasomotor Disturbances. — These symptoms, such as hot flashes and hot flushes, are the result of diminution of the ovarian activity. For their treatment there are specific estrogens, either natural or synthetic. In our office stilbestrol in doses of 1 mg. is the most common treatment. It is not given continuously, but as symptoms develop, and as the vasomotor symptoms decrease, the drug is stopped. There is definite evidence to show that an excess of estrogens may cause future malignant disease.

Too many physicians blame all of the patient's symptoms and complaints on the menopause and do not give the patient a thorough examination. Patients with these symptoms are sometimes passed over with a wave of the hand and a pat on the back; they are merely told they are going through the menopause and advised not to be alarmed. Later a fatal condition is recognized that could have been treated successfully earlier.

VII. Symptoms Referable to the Thyroid Gland.—The thyroid is one of the glands frequently involved at this time; hypothyroidism especially is often present. The basal metabolism should be determined, and, if low, thyroid extract should be given. We find in our office, however, that if the patient has clinical symptoms of hypothyroidism with a normal basal metabolism, she is benefited by about 1 grain of thyroid extract a day. The pulse rate is watched closely until a balance has been reached. One must not overlook the general health at this time. Response to other treatment will not be successful if a patient has vitamin deficiency, is undernourished, or is anemic. Insomnia, worry and restlessness should be treated with proper doses of phenobarbital.

CONCLUSION

Patients of this age group, when safely guided through this period of life, are usually grateful. They should give to the gynecologist a feeling of having accomplished something by making their life a little smoother. These women have usually worried from month to month whether or not they would menstruate, or they were annoyed by the flow of menstruation. Now that they have passed this era and have entered a new phase of life, many of them have a complete change of personality. I have seen women who were nervous and irritable, and who had a poor disposition, change to a sweet, pleasant type. Many of them take up new interests to enjoy life, such as cards, games, travel, clubs and social activities. The woman who has been guided through this period safely is indeed the physician's friend forever.

DISCUSSION

Dr. W. M. Rowlett, Tampa: I have enjoyed Commander Fairo's paper very much and agree with what he said concerning the importance of an empty bladder as well as an empty rectum in pelvic examinations. I recall a few years ago a patient who was sent to me by a certain physician who had made a diagnosis of a large ovarian cyst. This patient was placed in the hospital and catheterized, and the cyst promptly disappeared. She was urinating, but not completely emptying the bladder, and there was a gradual accumulation of urine. I am satisfied that there are hundreds of women operated upon for ovarian cysts who would not have been had they been given more thorough examinations before the diagnosis was made.

Relative to backache, I believe that an ascending lymphangitis arising from an infected cervix is one of the commonest causes of this complaint. I have seen patients who have gone to the throat men and had tonsils removed for obstinate back ache. When no relief resulted, they were sent to the dentist and had all their teeth pulled out. Still no relief. They finally fell into the hands of the gynecologist, and after the infected cervix and ascending lymphangitis were cured, the back ache disappeared.

I also agree with what Commander Fairo said relative to douches. Douches in the presence of a healthy cervix and vagina are in my opnion contraindicated. There is no protection greater than the normal vaginal flora.

There is one vaginal discharge I do not believe he mentioned. It is one of the most common and annoying that we have to contend with in Florida—that is the Trichomonas or so-called Trichomonas vaginalis. Investigators now are prone to believe that this is an offspring of the intestinal Trichomonas. Frequently patients come with a complaint of an irritating vaginal discharge after having used various domestic preparations and douches with no relief. I should like to stress the importance of microscopic examinations in caring for these patients. The secretion from the vagina must be fresh, diluted in warm normal saline solution and the specimen placed immediately under the microscope. If Trichomonas vaginalis is present, a multitude of active protozoa will be observed.

In treating Trichomonas vaginalis almost any good antiseptic douche will help though in the severe chronic cases douches should be alternated with antiseptic suppositories and antiseptic dusting powders. I consider that a most important point in treating Trichomonas vaginalis is to have the treatment, especially the douches, continued during the menstrual period. The trichomonas flourishes in the menstrual blood. You may destroy

all except one, and when your patient returns after a menstrual period you will find that you have the same work to go through with again.

I am happy to have Commander Fairo's statement on fibroid tumors. Many a patient approaching the menopause with a harmless little fibroid has been rushed to the hospital for a hysterectomy when, if she had been given a little time and had been permitted to pass over the menopausal stage, the fibroid would have disappeared. In cases of uterine fibroids complicated with menstrual disturbances, I should prefer that the patient be given radiation medication instead of being subjected to a hysterectomy. In suitable cases during the menopausal stage, it is much more conservative for a little radium to be placed in the uterine canal than for a hysterectomy to be performed. There is a 3 per cent mortality in cases of hysterectomy. You also save the patient an immense amount of money for hospitalization. For these reasons, short hospitalization and lessening of danger, I consider radium a far more excellent treatment.

I wish I had the time to discuss glandular disturbances for I am happy that the essayist brought out the question of estrogen. It has been proved by some authors that estrogen is a dangerous drug when used indiscreetly, and I will be glad when physicians cease to follow the literature handed out by various pharmaceutic houses. Let me just say this in closing: Bear in mind that progesterone is a pure female hormone while estrogen is a bisexual hormone, which, when used in women improperly, can bring disastrous results.

DR. J. RAYMOND GRAVES, Miami: I think this is a discussion that gynecologists could go over all the morning. I have certainly enjoyed the paper, and I want to commend Dr. Fairo on the stand he has taken.

I usually examine my patients both before and after catheterization. I keep a sterile catheter at all times and consider it most important to get the pelvis cleaned out before examination so that the examination may be properly done.

I also want to commend Dr. Fairo on his use of the pessary as a diagnostic aid before surgical intervention is decided upon. If the pessary is properly applied, one can usually tell in from twelve to forty-eight hours whether or not surgical measures will be of value.

Also, I want to commend his stand on douches. I see no reason in the world for physicians to continue recommending douches. One sees this practice every day in all walks of life, including the upper strata of society. I believe douches account for a great deal of infection. Also, I am now getting away more and more from the routine curettement. Instead, I do a biopsy of the cervix especially for a cystic condition of the cervix. If there is a tumor inside of the uterus or early malignant disease and we cannot diagnose the cause of bleeding without a curettement, then I do not think we should depend entirely upon curettement. In these cases, particularly in women past the menopause, I think we should do a radical hysterectomy and not depend on biopsy from curettement for diagnosis.

Now this discussion of estrogen, progesterone and androgen—I think we have all used them, or abused them. I use the male sex hormone in about 30 per cent of my cases rather than depend on the female sex hormone. I believe there is a place for this in younger women as well as women in the menopausal period. In a great many cases bleeding can be stopped by the use of the male sex hormone. This applies to surgical cases as well. I do not think we can depend on the male sex hormone for a permanent cure in uterine hemorrhage, but it will do a great deal in preparing the patient for surgery. It is especially valuable in highly neurotic patients. If you can treat them from seven to ten days before the operation, and give them androgen or whatever male sex hormone you wish to use, then I think you will have much greater success from surgical measures.

DR. FAIRO (concluding): I strongly disagree with the last discusser. I certainly do not believe every woman should have a radical hysterectomy for bleeding before a proper diagnosis with a simple curettage can be made.

STAB WOUNDS WITH THE WEAPON REMAINING IN PLACE

REPORT OF THREE CASES

CHARLES B. MABRY, M. D.
AND
J. BENHAM STEWART, M. D.
JACKSONVILLE

Stab wounds are so frequently observed in the emergency room of the Duval County Hospital that most of them attract little or no attention aside from that accorded in the course of routine treatment. Recently, however, such a wound attracted considerable attention by presenting a knife firmly lodged in the patient's back. It was so unusual to see the offending instrument in place that a search was made for similar cases. In the records of the last fifteen years only 1 other case could be found, and 1 has since been observed. Usually, some well meaning friend or police officer removes the weapon, except in the case of small splinters or glass, and thus makes it impossible for the physician to get an accurate idea of the depth and direction of the wound, or of the organs probably involved. The 3 cases are presented here.

REPORT OF CASES

Case 1.—A. J., a Negro man aged 37, came to the emergency room of the hospital on Nov. 26, 1939, about 4:30 p. m. It was said that he had struck a friend with a wrench, and the friend had promptly retaliated by driving a heavy bladed knife directly into his face.

Physical examination revealed a well developed and nourished Negro man in an early stage of shock. Three fourths of an inch of the hilt end of a knife blade protruded from the base of the nose slightly to the right of the midline (fig. 1). The point of the knife was visible in the mouth medial to the last molar tooth on the right side. Otherwise, the examination gave negative results except for systolic murmurs at the apex of the heart.

All attempts to remove the blade in the emergency room failed. The patient was admitted to the hospital and treated for shock. The following day he was taken to the operating room, but again attempted removal was without success. Later the same day he was taken to the orthopedic department. There a Kirchner wire was looped through the hole in the hilt of the blade, and the knife was removed by windlass traction.

The patient remained in the hospital one week. During that time the temperature ranged between 100 and 103 F. most of the time. When he was discharged on December 3, he left the hospital in good condition.

Case 2.—J. T., a Negro man aged 23, walked into the emergency room of the hospital on September 26, 1943, and without emotional display asked that the knife please be taken out of his back. He insisted that a stranger,

From the Section of Orthopedics, Department of Surgery, Duval County Hospital, Jacksonville.

Read before the Staff of the Duval County Hospital, Nov. 16, 1943.

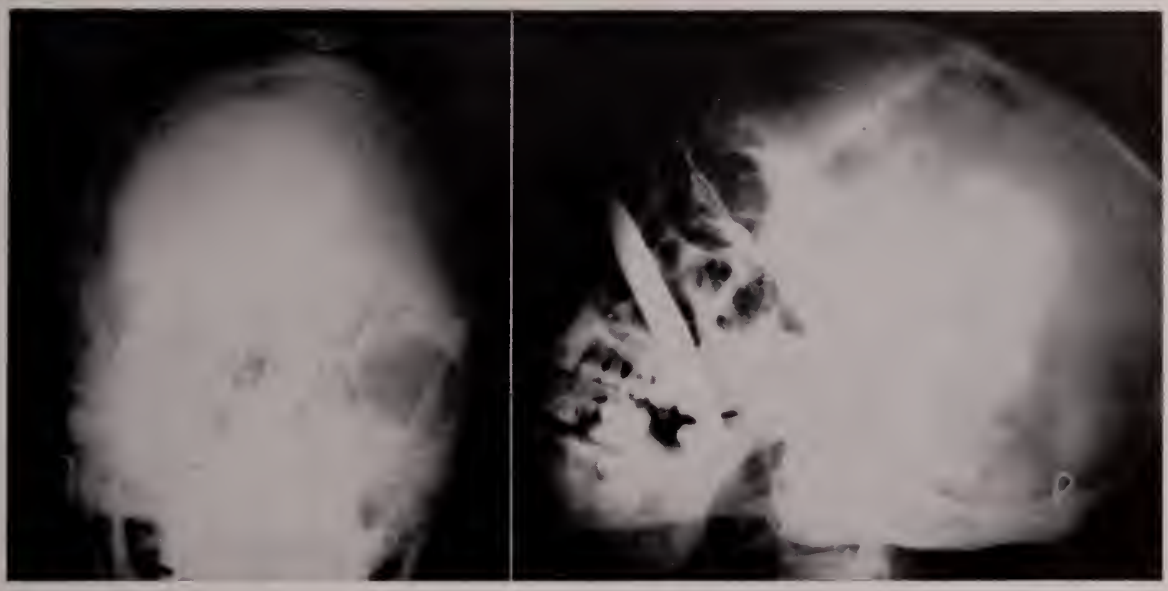


Fig. 1.— Anteroposterior and lateral views of the skull demonstrate roentgenologically a heavy bladed knife passing through the right side of the nose and hard palate and into the mouth medial to the last molar tooth.

with whom he had had a few words the night before, struck him from behind without warning.

Physical examination disclosed a single bladed knife protruding from the back at the level of the ninth thoracic vertebra about 1 inch to the left of the midline. The skin was pushed in by the knife, and the entire blade and 1 inch of the hilt were driven into the body. The direction was medial and downward. Hurried examination failed to reveal any neurologic abnormality. There was no evidence of injury to abdominal or thoracic viscera, and the patient was not in shock.

Roentgenograms were made, which are shown in figure 2. Since several police officers had already tried without success to remove the knife, the patient was strapped to a table, and attempts were then made to remove it. Even this stress caused little or no pain. The only anesthetic administered was 1/4 grain of morphine sulfate. After several trials the knife was removed.

On the day following admission a careful physical examination was made. Absence of breath sounds in the right lung posteriorly with the patient in the supine position and shifting dulness indicating the presence of fluid were noted. No rales were heard. All reflexes were physiologic. There was an area of diminished sensory impulses about 3 1/2 inches broad extending around the lower part of the chest on the left side and across the abdomen to the umbilicus. There was no muscular weakness nor other sensory disturbance.

A roentgenogram of the chest with the patient in the erect position showed that a fluid level existed within the thoracic cavity extending an inch above the right side of the diaphragm (fig. 3). A small degree of pneumothorax was present. Thus it was established that the pleura and lung were injured by penetration of the point of the knife. This roentgenogram gave no evidence of gas beneath the diaphragm, thereby tending to deny

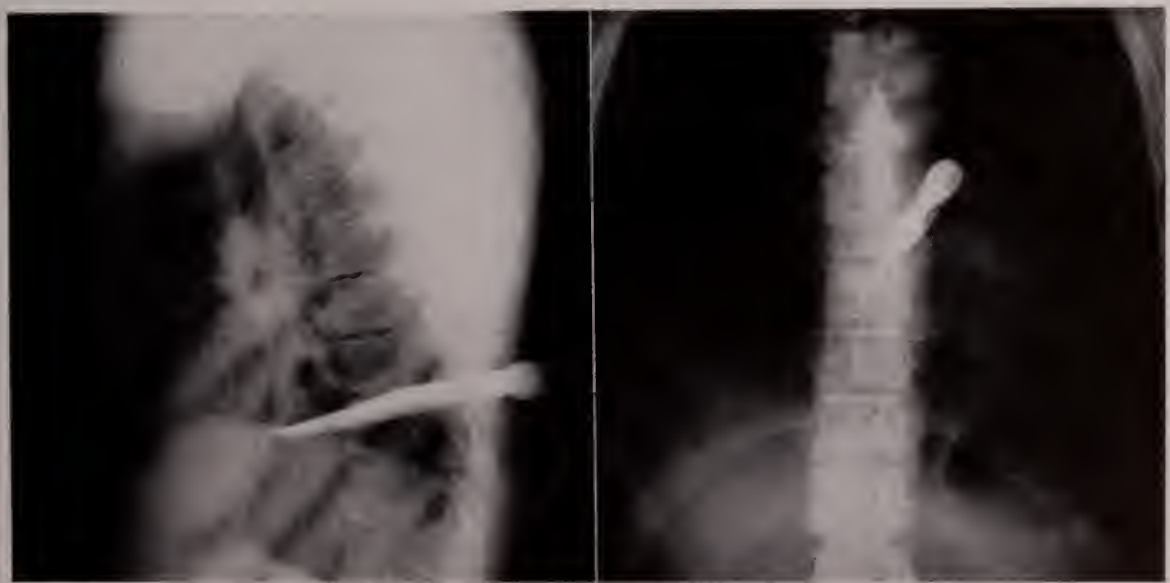


Fig. 2.—Posteroanterior and lateral views of the chest reveal a long knife passing medially and downward through the body of the ninth thoracic vertebra with the tip embedded in the diaphragm.



Fig. 3.—This roentgenogram shows a fluid level within the thoracic cavity extending 1 inch above the right side of the diaphragm. A small degree of pneumothorax is present.

the impression gained from lateral views that penetration of the hollow viscus occurred with escape of the gas into the peritoneal cavity. Injury to the body of the ninth thoracic vertebra was demonstrated.

It is significant that this roentgenogram showed no enlargement of the cardiac shadow. If penetration of the pericardium or the heart had occurred, there should have been some distention of the pericardium by hemorrhage, evidenced by enlargement and abnormal contour of the shadow of the heart.

The patient had a slight elevation of temperature for twelve hours, and thereafter it remained normal. Recovery was uneventful, and within nine days there was no evidence of the hemothorax either clinically or roentgenologically. He was discharged from the hospital on October 12, sixteen days after admission.

Case 3.—C. J., a Negro man aged 43, walked into the emergency room of the hospital about 5:30 p. m. on Nov. 1, 1943, stating that an unknown assailant had stabbed him in the face with an ice pick. Later he gave details of a fight with an acquaintance.

An ice pick was broken off at the hilt leaving 1/8 inch protruding from the malar bone at the rim of the orbit immediately beneath the pupil of the left eye. Roentgenograms revealed that the pick had passed through the left antrum and naris and had continued downward to the right side of the second cervical vertebra (fig. 4).

After careful study of the roentgenograms, a wire grasper was borrowed from the engineer, and the pick was removed with the patient under anesthesia produced by pentothal sodium. Following removal of the foreign body, the temperature reached 99.4 F. in about twelve hours, and sulfathiazole was then administered. The temperature immediately returned to normal and did not exceed 99 F. thereafter.

The patient had no pain nor other untoward symptoms during the one week that he remained in the hospital under observation. He was discharged on November 9.

It is interesting to note that in all 3 of these cases the wounds were near vital organs and might easily have proved fatal. None of them, however, caused much disability. This outcome is true of the great majority of wounds treated in this hospital.

SUMMARY

Three cases of stab wounds are reported in which the weapon remained in place at the time of examination. All wounds were near vital organs, but caused relatively little damage.*

*The authors are indebted to Dr. E. T. Sellers for the illustrations used and to Dr. W. H. Chapman for permission to present 1 case.



Fig 4.—Anteroposterior and lateral views of the skull show an ice pick passing through the left antrum and naris and then downward on the right side of the second cervical vertebra.

VALE, ALMA MATER

LOUIS J. KARNOSH, M. D.

"The years in measured tread have come and gone,
Each hopeful day has brought its golden dawn,
And now deep surgings flood the heart
A glorious transition comes—it's time to part."

Transitions are those few but significant mile-posts that chart the path through life, of which birth and death are the terminals. It is the irrevocable law that all such transitions be admixtures of pleasure and pain, that they call forth from us our most extreme emotions of joy, grief, pain, exaltation and humiliation. There shall always be feeling and antifeeling, and it is the nature of pleasure that it shall never be undiluted with strain and despair.

Yours is a glorious transition today! Has ever a world in the past and will ever a world of the future await with bated breath this very hour and this particular occasion? It has been the custom to gently gibe at the young graduate, to make light of his self-evaluation, his callow awkwardness and his juvenile earnestness. No such ridicule can be directed toward you who enter upon your working days after these exercises today, whatever your own inner misgivings may be.

Yours is a transition which will not find you academically bookish and inept in the immediate application of your art, even if your very first professional assignment comes to you as soon as tomorrow morning—and, in these times, that is scarcely soon enough. In the arduous months which have just passed, you may have felt imposed upon, you may have often sensed that you were dragooned into duties which dampered your dignity. But these indignities shall now pay dividends in feelings of greater self-security, in an enlarged capacity to know what to do and how to do it. At once, you have learned to filter fact from theory and to translate fact into deed. No training and education can be freer of neurotic didactics, of sickly sentimentalities and mawkishness. Be forever proud of your job because it is the expression of a true and healthy instinct rather than of an intellectual artifice. Be forever proud that in your profession the hand is just as sublime an instrument as is the mind, and be consoled again and again by the fact it takes more brain cells to perform a complicated manual feat than it does to think a fine but fatuous thought. Your work in smelly laboratories, the bended back over ailing and whining patients, the dull lectures which you have had to absorb from people like me, constitute an unwritten saga in which you should record no regrets. That you are badly wanted at this hour, that your training shall be a boon to humanity and that you have a crystal-clear idea of your life's work—these are the pleasure-giving principles in this glorious transition today.

But as in all glorious things, there is an element of discomfort. From this day on, you can no longer call yourselves common men or women. Tradition, training, and the unique position of the man of medicine in the community have necessarily made the doctor an uncommon person. Whether you are up to the job or not, you will be asked to assume the position of leading and guiding the common man.

And yet, there is inchoate in the contemporary atmosphere a scheme to make the physician and his art a standardized commodity like baked beans and salted peanuts. For the social planners are again upon the land to regulate things, to distribute happiness and to assign six morning glories to every front porch. Again there is inchoate a scheme to make life more happy and secure for the "common man," and to make it economically nice and comfortable for the mass. We hear them talk grandiloquently of the "Century of the Common Man."

What an incongruity! At the same time that the Utopians are groping for a synthetic universal happiness, there exists the dire necessity for desperate national defense, for mass destruction of our enemies, for appalling material waste and wild political disorder. In the din and destruction of bombing, the social engineers are protecting themselves with one hand and with the other they are blithely busy planning a stereotyped happiness and a "rational" regulation of society.

What a parodox! There is a drive to regulate the practice of organized, legitimate medicine while hundreds of commercial enterprises are free to sell their headache tablets and carminatives over the radio without stint or economic hindrance. The four freedoms to the dispensers of vitamins, but a sharp regimentation of the physician, of the hospital, and of the cost of legitimate medical care!

There are certain sound and fundamental reasons for the instinctual distrust of the social planner by the physician—the least of which is his concern over his own economic security. By reason of his knowledge of organic life, the doctor of medicine knows that the social rationalists are anything but rational. The doctor knows that the more significant the culture, and the more natural and sound the social structure, the more it resembles the anatomy of a noble animal or vegetable body and the greater are the differences between its constituent elements.

More than anybody else, the doctor knows that society rests upon the inequality of men just as the organic body of men functions smoothly with tissues of different duties and different levels of refinement. There is no teleologic absurdity in the question as to what would happen to human efficiency if the connective tissue cell demanded the same protection and choice office as is enjoyed by the upper neuron. What would happen if the red cells went on a strike and demanded the same privileges and duties of a leucocyte?

Least of all, can the physician be accused of hating the common man for in his life work he cares for him and is far more intimate with him than is the autocrat living up on the hill. Where the social planner leads the common man to over-reach his capacities, his doctor must ever remind him of his limitations and spare him thereby from an over-compensation neurosis.

Every doctor in his daily practice is confronted by the hard-bitten fact that there are strong and weak natures in men and, quoting Spengler, "there are natures born to lead or not to lead, creative and untalented, honorable, lazy and placid natures. Each has its place in the general order of things." Let the rationalist rave and rant against this as he will.

Lest I be accused of being too Spenglerian and therefore tinged with a pro-Nazi philosophy, let me quote an individual whose views are definitely an antithesis to everything that smacks of Hitlerian dogma. When Einstein was asked to record for the remote generations to come the choicest commentary he could make on contemporary civilization, he naturally paused to do some concerted thinking. His comments were to be preserved in the "Time Capsule." This was to be planted at the New York World's Fair, many hundred feet below the ground level for the information of archeologists five thousand years hence, who, guided by a divine intuition, are supposed to discover and dig it up. Among other items such as a zipper, a piece of cellophane and a child's funny magazine, concerning man circa 1940, a letter was thus deposited to posterity from the foremost scientist of our day. It says:

"In this year of our Lord, 1940, people living in different countries kill each other at irregular time intervals so that also for this reason anyone who thinks about the future must live in fear and terror. This is due to the

Editor's Note: This address by Dr. Louis J. Karnosh to the graduating class of Western Reserve University Medical Sshool, Oct. 27, 1943, was published in the Westchester Medical Bulletin and reprinted by The Lake County Medical News. We, in turn, reprint it as one of the most inspirational and thought-provoking addresses of our time. We are happy to devote these pages to it, and urge you to read it thoughtfully.

fact that the intelligence and character of the masses are incomparably lower than the intelligence and character of the few who produce something valuable for the community."

That all men are entitled to the same opportunities, no sane person can deny; but that all men can utilize these opportunities to equal advantage defies the law of organic inequality. Athletic contests, quiz programs and final examinations are implicit with the idea of biologic variation in capacity. As teachers, we examine and grade you A, B, and C to determine the level of your abilities. It would be far easier on us to give you all an A and let it go at that. And despite the social engineers, who would like to stereotype and standardize you in the practice of medicine, the world shall continue to go on grading you A, B, and C, and in a few sad instances the mark will be a D.

The common man will readily lend himself to socializing schemes, for in such programs, he dissolves his inferiority sense in the mob. Oliver Wendell Holmes commented crisply after visiting one of the Utopian schemes of his age, "Everything was common there but common sense."

The uncommon man will instinctively rebel against socialization, for its sole purpose is to reduce him to the colorlessness of the crowd. Socializing and stylizing medical practice will serve to make it a dull job and against this, it is your destiny as uncommon men to fight with all your soul and spirit. If the day ever comes when medicine is trimmed down to a cheap and prosaic commodity, it will not be necessarily very poor, but by no means will it be very good. It will certainly be very common, and commonness is the one poisonous ingredient which will certainly destroy it as an art.

I feel certain that I do not stand alone in lamenting the "Century of the Common Man." Loud praise and glorification of commonness are precisely as suspicious as scorn of riches; the psychologists know full well that it is a cloak for anger at one's own ability to put an end to it. Many of the brain trusters who planned our present Utopian Paradise were young men who were badly scotched and infuriated by their own personality tensions over the drabness and the poverties of the depression years. At Cambridge University, in the Rede Lecture given by old Sir Max Beerbohm, he says: "We are all to go down on our knees and worship the common man. I like to think," he adds, "that on the morning of January 1, 2000, mankind will be free to unclasp its hands, rise from its knees and look about it for some more rational form of faith."

Winston Churchill had the same misgivings in mind when he stated, "I hope to heaven that we are not fighting this war to remake a world dedicated to the cause of commonness."

Security against want and sickness, say the social engineers, will make man a happier and more efficient being. As if happiness were a synthetic commodity which could be regimented like canned peaches or predicated like the wheat crop under government restrictive control! "No," says Dr. Dodds of Princeton, in his new book "Out of This Nettle, Danger," "For society, concentration upon security as a goal is suicidal, doomed to practical as well as spiritual failure. Happiness and security at best are but a by-product recovered in the process of living. When we make the mistake of placing our hope in measures of security rather than in a willingness to venture toward larger growth, decay has begun."

As students of human nature, we physicians have a right to pose the question: Does man really want security, does he want the torpid calm that goes with it; does he want such a political soporific? Or does he want excitement attended with an element of risk and does he actually require the exercise of striving, of contending and of endangering life and limb as a necessary instinctual expression of life?

In a recent play by Thornton Wilder, a character answers this question in these words: "Every good thing in the world stands on the razor-edge of danger."

Man races toward security, stops short of its attainment and deliberately deflects his course to endure stress, strain and emotional exercise. For it is the one best manifestation of life that hazards be thrust upon him, and only by accepting this destiny, can man know freedom. It resolves itself into the axiom that man cannot have security and freedom at the same time. That he inherently values freedom more than he does security is attested by the historical fact that he will quickly abandon the latter for the former—rarely the reverse.

Social planners naturally disagree on how to become secure, because at a given moment the word "security" does not mean the same thing to two people even though they find themselves in the same economic situation. Some call social security "merely a slice of today's surplus for tomorrow's deficit." Security certainly offers no freedom from fear and particularly fear of pain, of disease and of the unpredictable and the unknown.

"Freedom from fear," says Dr. Wriston, President of Brown University, "cannot be achieved even by putting an end to the things of which men are afraid. The record of human experiences shows that men fear the figments of their imaginations with a terror as profound as that induced by the realities of life. Many a miser has died in dread of the poorhouse on a dirty mattress stuffed with currency. Freedom from fear is therefore an utterly individual spiritual triumph and the bold social engineers with all their devices cannot confer it."

With all the logical foresight which can be mustered, with all the beautiful paper plans to put medicine on the assembly line, the human emotional experiences of pain, fear of disease and all the sorrows epitomized in "Ol' Man River" will continue to torment man and to defy regimentation and bureaucratic control.

Even the best of rational social planners, when he is personally beset by that most irrational and non-regimentable thing called fear, cannot fail to realize that the practice of medicine is no stereotyped and standardized commodity. If he finds himself fearful that he has a brain tumor, will he be enrolling to go to his panelized central clinic for routine treatment? No, I think not; you will more likely spot him in a few days within earshot of the carillons pealing their chimes from the top of the Plummer Building in the medical shrine at Rochester, Minnesota, or sitting in the waiting room of the sages of intracranial physiology at Baltimore. If, in his morbid apprehension, the chimes at Rochester happened by coincidence to be playing the evening anthem, "Nearer, My God, to Thee," his pains will irrationally increase. He soon finds that his unregimentable emotions are more ultimately wise in directing him than are his rational and sociological notions. Unerringly, he shall recognize there are and always shall be good, bad and indifferent types of medical services, that there are grades of A, B, C, and D, as there are good, bad, and indifferent apples in his orchard. He shall be smitten by the omnipresent, emotional, organic element in medical practice. And he will then discover that the emotions of men cannot be socialized and regulated by bureaucratic edict.

The sociologist will harass medicine. Of this there is no doubt, and it is your divine duty to protect it from such insane manipulation. The social idealist will gnaw at its periphery, as he is already doing. He will regiment everything he can, but because the soul of medicine rests on an organic evolution, he will ultimately fail. Only when a painting by Rembrandt will bring the same price as a finger daub done by a Greenwich Village neurotic, only when pain, fear and mortal ills can be levelled to a standard scale, will medicine become an article of commerce and you will become spiritless automatons and dispensers of pills and surgical incisions.

From this day, you are destined to be uncommon men whose training and whose education are inseparably bound up with high culture and high responsibility. And high culture is implicit with the tradition of enjoyment

which knows how to make much of little. It is no mere coincidence that in my perigrinations as a neurologic consultant through small towns of northern Ohio, I find the family doctor always domiciled in one of the most striking, if not the best house in the community. Somehow or other, there is a unique something in the atmosphere of the doctor's home—and it is not the smell of iodine—which I do not find in the house of the town's rich and retired plumber.

Should you be fortunate to acquire wealth beyond your immediate wants, as uncommon men, remember it is a result and expression of your culture and not a mere background of your superior position. "Let it for once be said outright," says Spengler, "though it is a slap in the face of the vulgarity of the age: property is not a vice, but a gift and a gift such as few men possess."

This class of 1943 is in a sense the consummation of 100 years of medical teaching in this University. You are a centennial monument of Western Reserve. In you we see a new age which our pessimistic spirit contemplates with some misgivings and fear as all older men frequently do. We exhort you to keep all avenues to medical progress and to scientific wisdom freely and naturally open. We pray that you will keep the art of medicine liberated from all schemes to make it an unnatural device to enslave the human spirit.

"The years in measured tread have come and gone,
Each hopeful day has brought its golden dawn,
And now deep surgings flood the heart,
A glorious transition comes—it's time to part."

ABSTRACTS OF MEDICAL ARTICLES

AMERICAN HEALTH RESORTS: THALASSOTHERAPY, SINGER, CHARLES I., LONG BEACH, N. Y., AND PHILLIPS, KENNETH, MIAMI, J. A. M. A. **124**: 1128-1133 (APR. 15) 1944.

After the development of thalassotherapy from its empirical use in ancient Greece to the objective analytic research of the present day is briefly reviewed, this science of the utilization of ocean climate in preventing and treating disease is discussed with regard to (1) its physical properties, (2) their biologic effect on the human organism and (3) their controlled application.

The three leading seashore climatic factors are air, sun and water. Distinctive qualities of sea air are high oxygen content, relative freedom from dust, pollen, allergens, carbon monoxide and gaseous products of combustion, and high barometric pressure. The sea breeze serves as a powerful natural air conditioning mechanism, for it purifies the air, produces desirable thermal equability and maintains a convenient degree of humidity. The iodine content of the sea air is mentioned as a plausable factor in the apparent rarity of endemic goiter at seashores.

The special qualities of sunshine on the seashore are due to the reflection of radiation from the water surface and the beach sand. Also, the biologically important wavelengths around 300 millimicrons are not weakened by the humidity of the atmosphere, nor are they lessened to any extent by dust, soot or oxidizable organic matter in the relatively pure air masses above the ocean. Arriving in longer wavelengths, infra-red waves are, however, swallowed by the humidity, thus making the solar radiation of seashores relatively cooler than the sunshine of high altitudes, which in penetrating only dry air masses loses little of its infra-red content.

The effects of sea bathing are attributed to the temperature of the water, the difference between the temperature of the skin and that of the water, counterirritation of the skin by the salt content of the water, mechanical stimulation by the waves of the surf, degrees of exposure after bathing, temperature and humidity of the air and velocity of the sea breeze.

Since the biologic effect of a climate on the human organism depends mainly on its heat absorbing capacity, when this capacity at the seashore is higher than that of the habitat of the person arriving, the climatic change will have a stimulating effect; when it is lower, a sedative effect. The three main factors—sun, air and water—act by their influence on the skin and mucous membrances as receptor organs. The blood and the autonomic nervous system serve as conductors of their effects. Acclimatization is thus achieved, with the endocrine system becoming a possible "pacemaker."

There are two main forms of thalassotherapy: (1) a sojourn of six to eight weeks at the seashore and (2) selective utilization of climatic factors under partial or complete (institutional) supervision. The indications and contraindications for climatic stimulation and for climatic sedation are summarized. It is noted that the beaches of Florida and southern California offer a sedative winter climate, but that elsewhere the American seashore is more or less stimulating in winter. The summer on any seashore, however, has protective, sedative qualities. Strong stimulating influences are open air exposure and sun bathing.

In this interesting and informative article mention is made of the military and public health importance of thalassotherapy. Also, the reasons for failure of this form of therapy are enumerated and the value of cooperation between the family physician and the physician at the seashore is stressed.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

JOHN R. BOLING, M.D., President.....*Tampa*
SHALER RICHARDSON, M.D., President-elect...*Jacksonville*
W. C. MCCONNELL, M.D., 1st Vice Pres....*St. Petersburg*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
ROBERT D. FERGUSON, M.D., 3rd Vice Pres.....*Ocala*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
HOMER L. PEARSON, M.D., Editor.....*Miami*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WILLIAM M. ROWLETT, M.D., Chm...AL-45.....*Tampa*
L. W. BLAKE, M.D...C-46.....*Bradenton*
DUNCAN T. MCEWAN, M.D...B-48.....*Orlando*
WALTER C. PAYNE, M.D...A-45.....*Pensacola*
LEIGH F. ROBINSON, M.D...D-47.....*Ft. Lauderdale*
GILBERT S. OSINCUP, M.D...PP-45.....*Orlando*
EUGENE G. PEEK, M.D...PP-46.....*Ocala*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

HERBERT E. WHITE, M.D., Chm...B-47.....*St. Augustine*
JAMES G. LYERLY, M.D...AL-45.....*Jacksonville*
DANIEL A. MCKINNON, M.D...A-48.....*Marianna*
DOUGLAS D. MARTIN, M.D...C-46.....*Tampa*
*J. R. BOULWARE, M.D. (Alternate..C-46).....*Lakeland*
HOMER L. PEARSON, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...AL-45.*Jacksonville*
THOMAS H. BATES, M.D...A-48.....*Lake City*
HORACE A. DAY, M.D...B-45.....*Orlando*
WHITMAN C. MCCONNELL, M.D...C-46....*St. Petersburg*
C. F. ROCHE, M.D...D-47.....*Miami Beach*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

HOWARD G. HOLLAND, M.D., Chm...B-47.....*Leesburg*
JOHN S. HELMS, M.D...C-46.....*Tampa*
*JAMES L. ESTES, M.D. (Alternate..C-46).....*Tampa*
CAYETANO PANETTIERE, M.D...D-45.....*Miami Beach*
WILLIAM D. SUGG, M.D...AL-45.....*Bradenton*
JOHN K. TURBERVILLE, M.D...A-48.....*Century*

PUBLIC RELATIONS

LEIGH F. ROBINSON, M.D., Chm...D-48...*Ft. Lauderdale*
JOHN W. SNYDER, M.D...AL-45.....*Miami*
JAMES L. STRANGE, M.D...B-46.....*McIntosh*
CAROL C. WEBB, M.D...A-47.....*Pensacola*
HARPER E. WHITAKER, M.D...C-45.....*Tampa*

NECROLOGY

JOHN C. VINSON, M.D., Chm...AL-45.....*Tampa*
GERRY R. HOLDEN, M.D...B-46.....*Jacksonville*
OLIVER M. MCDUFFEE, M.D...C-48.....*Manatee*
GERARD RAAP, M.D...D-45.....*Miami*
COURTLAND D. WHITAKER, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D...Chm...B-46.....*Jacksonville*
THOMAS E. BUCKMAN, M.D...AL-45.....*Jacksonville*
DAVID R. MURPHEY, M.D...C-45.....*Tampa*
*GEORGE L. COOK, M.D. (Alternate..C-45).....*Tampa*
E. STERLING NICHOL, M.D...D-48.....*Miami*
JAMES H. POUND, M.D...A-47.....*Tallahassee*

CANCER CONTROL

JOSEPH HALTON, M.D., Chm...C-47.....*Sarasota*
CHARLES J. COLLINS, M.D...B-48.....*Orlando*
MAYHEW W. DODSON, M.D...A-46.....*Pensacola*
ALFRED G. LEVIN, M.D...D-45.....*Miami*
*GERARD RAAP, M.D. (Alternate..D-45).....*Miami*
HERMAN WATSON, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

FERDINAND A. VOGT, M.D., Chm...D-45.....*Miami*
HERBERT L. BRYANS, M.D...A-47.....*Pensacola*
ROBERT D. FERGUSON, M.D...B-48.....*Ocala*
THOMAS C. MAGUIRE, M.D...AL-45.....*Plant City*
JOSEPH W. TAYLOR, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

ELIJAH T. SELLERS, M.D., Chm...B-47.....*Jacksonville*
J. POWELL ADAMS, M.D...A-48.....*Panama City*
GEORGE A. DAME, M.D...AL-45.....*Fernandina*
ALVIN L. MILLS, M.D...C-46.....*St. Petersburg*
WILEY M. SAMS, M.D...D-45.....*Miami*

INTERRELATIONSHIP

WILLIAM M. DAVIS, M.D., Chm...C-46....*St. Petersburg*
SIMON E. DRISKELL, M.D...B-48.....*Jacksonville*
HENRY J. PEAVY, M.D...D-45.....*Ft. Lauderdale*
WILLIAM C. RENTZ, SR., M.D...AL-45.....*Miami*
RALPH B. SPIRES, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

WILLIAM C. BLAKE, M.D., Chm...C-46.....*Tampa*
EARLSWORTH C. BRUNNER, M.D...D-45.....*Miami*
LUTHER C. FISHER, JR...A-47.....*Pensacola*
LOUIE LIMBAUGH, M.D...B-48.....*Jacksonville*
RALPH S. TORBETT, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. MASON SMITH, M.D., Chm...C-46.....*Tampa*
WILBUR O. ARNOLD, M.D...D-48.....*W. Palm Beach*
BENJAMIN F. BARNES, M.D...A-47.....*Chattahoochee*
W. HENRY SPIERS, M.D...AL-45.....*Orlando*
ROLLIN D. THOMPSON, M.D...B-45.....*Orlando*

MATERNAL WELFARE

WILLIAM C. THOMAS, M.D., Chm...B-47.....*Gainesville*
LAURIE L. DOZIER, M.D...A-45.....*Tallahassee*
SAMUEL C. HARVARD, M.D...C-48.....*Brooksville*
RALPH W. JACK, M.D...D-46.....*Miami*
SAMUEL R. NORRIS, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

GEORGE L. COOK, M.D., Chm...AL-45.....*Tampa*
LUTHER W. HOLLOWAY, M.D...B-48.....*Jacksonville*
WARREN W. QUILLIAN, M.D...D-45.....*Coral Gables*
*W. W. MCKIBBEN, M.D. (Alternate..D-45).....*Miami*
COUNCILL C. RUDOLPH, M.D...C-46.....*St. Petersburg*
EUGENE D. THORPE, M.D...A-47.....*Madison*

CONSERVATION OF VISION

CARL E. DUNAWAY, M.D., Chm...D-48.....*Miami*
SHERMAN B. FORBES, M.D...C-45.....*Tampa*
MOZART A. LISCHKOFF, M.D...AL-45.....*Pensacola*
WILLIAM S. NICHOLS, M.D...A-47.....*Lake City*
SHALER RICHARDSON, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

GEORGE C. TILLMAN, M.D., Chm...B 46.....*Gainesville*
JAMES M. ANDERSON, M.D...AL-45.....*Cross City*
ANNETTE M. FEASTER, M.D...C-48.....*St. Petersburg*
LUTHER C. FISHER, M.D...A-47.....*Pensacola*
ARTHUR L. WALTERS, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. RENFRO DUKE, M.D., Chm...C-45.....*Tampa*
JULIUS C. DAVIS, M.D...A-47.....*Quincy*
GERRY R. HOLDEN, M.D...B-48.....*Jacksonville*
JOHN A. SIMMONS, M.D...AL-45.....*Arcadia*
FERDINAND A. VOGT, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

FREDERICK J. WAAS, M.D., Chm...AL-45....*Jacksonville*
First—COURTLAND D. WHITAKER, M.D...1-45..*Marianna*
Second—G. WILMOT BROWN, M.D...2-46.....*Tallahassee*
Third—LUCIEN Y. DYRENFORTH, M.D...3-45..*Jacksonville*
Fourth—C. MCK. TYRE, M.D...4-46.....*Eustis*
Fifth—W. WARDLAW JONES, M.D...5-46.....*Dade City*
Sixth—EDGAR WATSON, M.D...6-45.....*Lakeland*
Seventh—WILLIAM Y. SAYAD, M.D...7-45...*W. P. Beach*
Eighth—E. M. HENDRICKS, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

EDWARD JELKS, M.D., Chm.....*Jacksonville*
SHALER RICHARDSON, M.D., Vice Chm.....*Jacksonville*
J. C. DICKINSON, M.D.....*Tampa*
WALTER C. JONES, M.D.....*Miami*
EUGENE G. PEEK, M.D.....*Ocala*
CAROL C. WEBB, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
O. O. FEASTER, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1944)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
GEORGE C. TILLMAN, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

ANNUAL MEETING—1945

The seventy-second annual meeting of the Florida Medical Association is scheduled for April 12 and 13, 1945, in Jacksonville. Annual meetings of specialty groups may be held Thursday forenoon which precedes the state association meeting time.

At 1:30 p. m. Thursday, April 12, the first general session is scheduled. At this session the president's annual address will be delivered, as well as the secretary-treasurer's report, the report of the editor of the Journal and the guest speaker's paper.

The first meeting of the House of Delegates is scheduled for 3:30 p. m. Thursday.

Three scientific papers are to be read at the scientific assembly 8:00 p. m. Thursday.

Friday morning at 9:30 the second meeting of the House of Delegates will convene and at 10:30 a. m. two papers are to be read at the scientific assembly.

The last general session is scheduled for 12 noon, at which time the election of officers will take place.

There are places on the program for five scientific papers from members of the association. Any member who would like to read a paper at one of the scientific sessions should immediately contact Dr. Herbert E. White of St. Augustine, who is chairman of the Association's Scientific Committee.

MEDICAL LEADERS NOT CONSULTED BY A. P. H. A. COUNCIL BEFORE ADOPTING REPORT FAVORING COMPULSORY HEALTH PLAN

The Governing Council of the American Public Health Association on October 4 adopted a report favoring in effect a federal plan of compulsory health insurance, without consultation with medical and dental leaders of the nation, despite a proposal to do so. This indicates, The Journal of the American Medical Association for October 14 declared, the attitude that may be expected of those committed to federal control of all matters in the health field if they should have control of the Washington bureaucracy that would dominate American medicine should their ideas become effective. The Journal stated:

> At its annual meeting in New York, October 4, the Governing Council of the American Public Health Association adopted a report favoring in effect a federal plan of compulsory health insurance. . . . This report, first prepared by a subcommittee, was approved after several amendments by the association's Committee on Administrative Practice. The proposed medical service would be supported by social insurance, and supplemented by general taxation, or by general taxation alone.
>
> The ratification of the report as amended came after extended debate in which there was opposition to the adoption and publication of the report as a stated policy of the association. Those who opposed pointed out (*a*) that the administration of public health in the United States was by no means so universal or so generally adequate that public health departments in general were ready to adopt this step, (*b*) that before the association placed itself publicly on record in the terms of this report there should be consultation with the most interested professional groups, particularly the American Medical Association and the American Dental Association, and (*c*) that the publication of the subcommittee report, its approval by the Committee on Administrative Practice and the call for adoption in the Governing Council occurred within less than thirty days elapsed time, although

the subcommittee had been working on the report for a year.

The motion to adopt the report was made at the October 2 meeting of the Governing Council and was extensively debated at that time. Action was postponed until the October 4 meeting. At that time an amendment was offered to the motion to adopt. This amendment called for the Governing Council to receive this portion of the report of the Committee on Administrative Practice and to refer it to the Executive Board of the American Public Health Association with instructions to confer with the Board of Trustees of the American Medical Association and with the American Dental Association in an attempt to arrive at a statement which these three great professional groups could support. The amendment was lost by a standing vote approximately three to one after a voice vote had left the chair in doubt. The Governing Council then proceeded to vote on a motion to adopt the report; this vote was 49 Aye and 14 No. The opposition to the adoption of the report was led by Drs. Walter A. Bierring, Past President of the American Medical Association, Haven Emerson and W. W. Bauer.

Now what is the group that adopted this report? Of the 7,493 members of the American Public Health Association 1,571 are Fellows. Only Fellows have a right to vote for governing councilors; the vote is conducted by ballot given to each Fellow when he registers at the meeting; Fellows not in attendance do not have a vote. The Governing Council consists of approximately 100 members, of whom 30 are elected by vote of the Fellows, 10 each year for three year terms; the rest of the members of the Governing Council hold membership by virtue of being section officers or representatives of affiliated (mostly state) public health associations. Members of the association other than Fellows can vote only on section affairs. The report on compulsory health insurance represents, therefore, the action of the subcommittee which prepared it; the Committee on Administrative Practice which approved it and the 49 members of the Governing Council who voted in its favor. Here is not a democratic practice in action; here is a shrewdly manipulated performance by full time public officials, economists, bureaucrats. Most of the names of those on the subcommittee are those of men long committed to federal compulsory sickness insurance and to federal control of all matters in the health field.

The American Public Health Association has an obvious right to express itself on any subject related to the public health. The rejection by the majority group of the proposal for consultation with medical and dental leaders indicates the attitude that may be expected of them if they should have control of the Washington bureaucracy that would dominate American medicine should their ideas become effective. Perhaps this step in which these men had leadership will be useful in serving notice once more on the medical, dental, nursing, pharmaceutical and other professional groups as to the nature of the political manipulators in the fields of social security and public health whom the medical professions will be forced to combat.

J. A. M. A. RECEIVES FIRST MEDICAL REPORT FROM A NAZI LIBERATED NATION

Gratitude for the liberation of Belgium by the Allies and amazement at the organization of war surgery that has been built up at the front by the Allied armies is expressed by the regular correspondent in Belgium for The Journal of the American Medical Association in the first communication received from him since Germany occupied the country. In the October 28 issue of The Journal he wrote:

The people of Belgium deeply appreciate the liberation of our country by the Allies. They have shown their patriotic enthusiasm for the cause of liberation and their admiration for your army. We, the Belgian physicians, wish to express also our deep gratitude to your country and our admiration for your army. We are now able to see for ourselves on our reconquered soil the amazing organization of war surgery that has beeen built up by the Allies at the front. Because of our experience with the hospitals during the war of 1914-1918 we can appreciate the progress achieved in the care of the wounded, and we propose to learn from contact with your medical officers the advances in war surgery that have given such good results in this war.

I wish to write a few words regarding our experiences during the occupation: The practice of all Belgian physicians was regulated by a dictatorial order which had many arbitrary rules (for authorization to practice, location of physicians and similar matters). Fortunately these regulations were received generally with inertia, and 90 per cent of physicians continued practicing without openly protesting against the regulations, suffering vexation, to be sure, but practically ignoring their existence.

As for the Belgian medical press, two journals continued to be published, one in Flemish and one in French. Some of the material of medical journals which were suppressed by the invaders was provisionally published by the International Office of Medico-Military publications in the *Archives médicales Belges* from May 10, 1940. We never could obtain any medical literature except from Germany. All papers were suppressed by the invaders. The literature that we received consisted of medical items from Swiss journals sent to us in envelopes as if they were letters.

The nightmare is over now. The medical profession and the rest of the country are ready to resume their normal place in the world.

BUY WAR BONDS

BOARD OF GOVERNORS

The Board of Governors had an all-day meeting in Jacksonville November 5. Official action was taken designating April 12 and 13, 1945, for the seventy-second annual meeting of the association. Jacksonville was designated as the convention city. Dr. W. M. Rowlett, chairman of the Board, wrote letters to the presidents of the ten larger county medical societies soliciting available places where the annual meeting could be held. The only invitation offered was by the president of the Duval County Medical Society, and therefore Jacksonville was designated as the convention city.

A schedule for the 1945 annual meeting was designated by the Board and an outline appears in the editorial section of this Journal.

Dr. Paul Temple Butler was elected an honorary member of the state association on recommendation of the Orange County Medical Society.

Progress reports were made by Dr. Leigh F. Robinson, chairman of the special committee on prepaid hospital and medical care, and Dr. Julius Davis (by letter) on a special committee to confer with the governor and governor-elect on public health questions of the state, particularly those concerning rural districts.

Many routine matters were brought up for action by the Board.

Those attending were: Drs. William M. Rowlett, chairman, Duncan T. McEwan, Robert B. McIver, Walter C. Payne, Eugene Peek and Leigh Robinson. First Vice President, W. C. McConnell, represented President Boling. Those attending in an advisory capacity: Drs. Shaler Richardson, Edward Jelks and Stewart Thompson.

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council.

NAME	T. L.	COUNTY
Munson, Leonard	31	Seminole
Dees, Daniel A.	32	Bay
Mann, Thomas A.	33	Bay
Landon, F. Rodman	34	Bay

POLL UNFAVORABLE TO SOCIALIZED MEDICINE

The recent poll conducted by the Chamber of Commerce and industrial leaders showed a vote of 2,346 against state or socialized medicine as compared with 76 favoring it. We are opposed to socialized medicine and believe that if it was generally understood the vote among industrial leaders would reflect the sentiment of the entire country. The fact is that there has been little demand from the people for socialized medicine. Most of the demand comes from a few officials at Washington. Before socialized medicine is dumped in the lap of the nation the majority of the people should ask for it. Who and what doctor a man has for himself or his family should continue to be a matter of his own personal choice. So far as we have been able to discover there is no demand to change the present system. What the country could use more of perhaps is good hospitals but to date it doesn't need any tinkering by experts at Washington with the medical services and its family doctors.—*Tampa Record.*

STATE NEWS ITEMS

Dr. John R. Boling, the Association's president, and Dr. W. M. Rowlett, chairman of the Board of Governors, by request appeared and participated at the public health hearings before the subcommittee on wartime health and education of the committee on education and labor, U. S. Senate, Washington, D. C., September 18, 19 and 20.

Dr. Nelson M. Black of Miami was the guest of honor at the annual meeting of the American Academy of Ophthalmology and Otolaryngology held at the Palmer House in Chicago, October 8 to 12. Dr. Black's address, "Empirical Treatment of Nyctalopia by a General Practitioner in Central America in 1912; a Reminiscence," was delivered before the joint session of the Academy.

Dr. S. B. Forbes of Tampa announces the limiting of his practice to ophthalmology, effective November 1.

Dr. Walton Wall of Jacksonville visited clinics in Chicago the early part of October.

Dr. Robert McIver, secretary; Dr. Homer Pearson, editor of the Journal, and Stewart Thompson, managing director, represented the Florida Medical Association at the Annual Conference of State Secretaries and Editors in Chicago, November 17 and 18.

Dr. W. Wardlaw Jones of Dade City was the guest speaker at the weekly luncheon meeting of the local Kiwanis Club on October 3.

Dr. Gail E. Chandler of Miami has been designated airline medical examiner for the Civil Aeronautics Administration. His appointment is part of the CAA plan to prepare for the large number of civilian flight students who have been prevented from taking flight training because of the war, and for the examination, as civilians, of the thousands of service airmen who will wish to continue their aviation careers.

Dr. L. L. Whiddon of Ft. Pierce, local director of venereal disease control work, was guest speaker at a meeting of the Kiwanis Club in that city on October 16. In his address he outlined the work being done by the venereal clinic in Ft. Pierce.

Dr. Bertrand F. Drake, secretary of the Marion County Medical Society, was guest speaker at a meeting of the Ocala Woman's Club held on October 10. He spoke on diseases which medical science has practically eliminated, mentioning smallpox, typhoid fever, diphtheria, scarlet fever and whooping cough.

Dr. James R. Boulware, Jr., of Lakeland was a guest speaker at the local Rotary meeting the latter part of October. His subject was "Anterior Poliomyelitis."

DEATHS

Dr. David R. Godlin of Miami Beach died on July 27.

COMPONENT COUNTY SOCIETIES

DADE

On November 7 the Dade County Medical Society met in conjunction with the Miami Heart Association at 8:30 p. m., at the Jackson Memorial Hospital. The following program was presented:

"Acute Coronary Occlusion and Myocardial Infarction Without Pain," Dr. M. A. Kugel.

"Coronary Disease in Young Adults," Lt. Col. Gilbert Marquardt and Capt. J. S. Butterworth.

"Use of Dicumarol in Acute Coronary Occlusion," Dr. E. Sterling Nichol and Dr. Sam W. Page.

DUVAL

Dr. Nelson A Murray was principal speaker at a meeting of the Duval County Medical Society held at the Seminole Hotel, Jacksonville, on the evening of November 7. His subject was "Diagnosis of Peripheral Lymph Adenopathy."

ESCAMBIA

The Escambia County Medical Society has paid 100 per cent of its dues for 1944. Officers of this society are: Dr. John K. Turberville, president; Dr. Herbert L. Bryans, vice president, and Dr. Lee Sharp, secretary and treasurer.

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Detroit Hotel, November 3 at 6 p. m. Following refreshments and dinner, the meeting was called to order by Dr. J. B. Quicksall, first vice president.

Dr. J. B. Matthews presented a paper entitled "Hand Infection;" Dr. J. B. Quicksall led in the discussion of this interesting paper.

It was voted to continue the present Procurement and Assignment Committee, with the following membership: Drs. R. K. O'Brien, R. D. Murphy, H. E. Winchester, G. E. Miller and H. W. Wade.

Dr. Edmund Myers was reinstated into membership by transfer from the Bay County Medical Society. He was formerly a member of the Pinellas County Medical Society.

The Society went on record as protesting against the large amount of secretarial work that the Board of Health is asking in the reporting of communicable diseases.

Dr. Fred L. Seger of Lansing, Michigan, by invitation, attended the meeting. Dr. W. W. Harden made his first appearance after serving with the armed forces.



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA
Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist
4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

T. EMMETT ANDERSON, Pres. & Gen. Mgr.

We have large stocks at three strategically located points in Florida from which we give your orders the best of attention.

DOCTORS OF THE MIAMI AREA are invited to visit our enlarged store at 201 S.E. 1st Ave. (one block behind the Huntington Bldg. and turn right one block).

Larger and more complete display of merchandise for you to choose from at all three stores.

Orders Received in the Morning Shipped the Same Day

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

ADVERTISERS' NOTES

$34,000 IN WAR BONDS AS PRIZES

for the best art works by physicians, memorializing the medical profession's "Courage and Devotion Beyond the Call of Duty" (in war and in peace).

This prize contest is open to any physician member of the American Physicians Art Association, including medical officers in the armed forces of the United States and Canada.

Full information available on request of the sponsor, Mead Johnson & Co., Evansville, Ind., U. S. A.

ARMY DEATH RATE FROM DISEASE NOW AT ALL-TIME LOW

The disease rate among American soldiers of World War II is the lowest ever recorded for the U. S. Army and only one twentieth as high as that of World War I, thanks to an effective program of preventive medicine, Brig. Gen. James S. Simmons, chief, Preventive Medicine Service, U. S. Army, reported in a nationwide broadcast on Tuesday, August 29.

General Simmons, speaking as guest of the Schenley Laboratories, pointed out that there have been no great epidemics among American soldiers in this war despite the fact that they have been exposed to every known disease under difficult field conditions.

The smashing through Axis defenses in France, England and the islands of the Pacific was credited by the speaker to the fact that "GI Joe is one of the healthiest soldiers in the world."

"This is not just a matter of luck," General Simmons added. Owing to the effective program of military preventive medicine developed by the Surgeon General and carried out by the Medical Department of the Army, thousands of medical officers trained in disease prevention follow the soldier and guard his welfare from the moment of his induction until his return to civilian life, he pointed out.

SPECIAL GOGGLES FOR ANTI-SUBMARINE WARFARE

Existence of a new light-controlling goggle which has aided the Navy in curbing the submarine menace was revealed recently by the American Optical Company in a Navy-approved announcement.

Developed for anti-submarine warfare at the request of the Navy, the new goggle is equipped with a pair of special anti-glare lenses. These can be rotated by hand to aid crews of blimps and planes in spotting submarines or their periscopes if they are obscured by water or light reflections. The goggle has also been successfully used by the crews to locate survivors from torpedoed ships, thus aiding in their rescue, the announcement added.

B-29 FLIERS WEAR RAY-BANS OVER JAPAN

Of particular interest to those in the optical profession is the story of visual correction and protection for the men of the 20th Air Force who manned the new B-29 Superfortresses in bombing one of the home islands of Japan on June 15.

"Something special" was indicated in the manner in which the force was built. Men were carefully selected on the basis of experience by General H. H. Arnold, who, in addition to heading up the whole U. S. Army Air Forces, also assumed direct command of the 20th Air Force. Men selected for this force were of an average age somewhat greater than that of most of our military fliers. For many of them, refractive correction was as necessary as glare protection.

Specifications for these glasses were prepared by the Scientific Bureau of Bausch & Lomb Optical Co., and accepted by the Office of the Air Surgeon. A contract was entered into whereby Bausch & Lomb was to supply corrective sun glasses as needed by the personnel of the



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

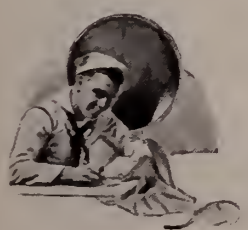
Commercial and
Publication
Printing



"Sure could go for one of Mom's bean suppers!"..."Has dad had the old car painted yet?"..."Don't forget to prune the roses..."

Yes, it's the little things, the small familiar pleasures, that he writes about. For to him, as to all of us, they add up to home.

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. Wholesome and satisfying, how good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.



Men of the U.S. Navy say letters keep up morale . . . write that V-Mail letter today!

A glass of beer or ale—not of crucial importance, surely—yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his.

Morale is a lot of little things

(As you, Doctor, know better than most)

BREWING INDUSTRY FOUNDATION

20th Air Force. In all, about 700 men were supplied with Army-Navy frames fitted with prescription-ground Ray-Ban lenses, including both single-vision and bifocal prescriptions.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY of the American Medical Association for 1943. Cloth. Price, postpaid, $1.00. Pp. 150. Chicago: American Medical Association, 1944.

The present volume of reprints contains only eight reports on rejected articles; it is interesting to note that objections to these are on a much higher plane than those it was necessary to urge against the flagrantly quackish preparations of earlier days.

Perhaps the most noteworthy of the nineteen general and "status" reports in this volume is the one declaring the Council's intention of using henceforth only the metric or centimeter-gram-second system in its publications. The report itself gives some interesting and readable history on the subject of weights and measures. Of most timely interest to the general physician as well as the endocrine specialist is the report on nomenclature of endocrine preparations. The report gives a currently quite complete list of the available commercial preparations, including those not accepted by the Council as well as those which stand accepted. Another report in the field of endocrinology is that recognizing the use of estrogens in the treatment of prostatic carcinoma.

Attention should be called to at least two of the reports concerned with vitamin preparations, namely, the status report giving the Council's decision that the evidence does not yet warrant the acceptance of cod liver oil preparations for external use, and the report announcing the Council's recognition of the use of massive doses of vitamin D in arthritis, and in this volume includes a current comment from The Journal titled "Hope (false) for the Victims of Arthritis," which reemphasizes this objection.

The status report on xanthine compounds gives a much needed delimitation of the therapeutic claims that may be recognized for aminophylline and its related xanthine derivatives. Of similar interest is the report on the local use of sulfonamides in dermatology, and in the same category may be mentioned the report on agents for the treatment of Trichomonas Vaginitis, which points out that the present aim should not be for new medicaments in this field, but for further information, especially concerning failures with those that have been used. In another status report the Council sets forth its conclusion that present evidence does not justify claims for advantage of oral use of sodium sulfonamides over the free drug.

In line with its decision to consider for acceptance various contraceptive preparations, the Council published a status report on conception control, which is concluded in this volume. The report comprises a series of concise statements on the various preparations and methods of control, prepared by Dr. Robert Latou Dickinson, together with a statement of criteria by which the Council will consider the acceptability of contraceptive jellies, creams, and syringe applicators and nozzles, diaphragms and caps.

It cannot be too often said that this volume, as well as the other publications of the Council, remains of paramount interest to all who are concerned with rational use of therapeutic agents.

Effective
Convenient
Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND



with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective. and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. J. W. HAYES, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

DUVAL COUNTY AUXILIARY

The October meeting of the Woman's Auxiliary to the Duval County Medical Society was held in the home of Mrs. S. R. Norris, 1853 Edgewood Avenue, Jacksonville. The program, arranged by Mrs. James L. Borland, program chairman, featured Miss Marian Weinel, executive director of the Duval County Chapter of the American Red Cross, who spoke on "The Red Cross Services to the Armed Forces." In explaining its special services, Miss Weinel disclosed the philosophy which is the organization's foundation: "The Red Cross is designed to meet the need as it arises and is the basis for the services rendered in every disaster." Miss Weinel's talk was received with much interest, as was evidenced by the open forum following in which her listeners expressed their appreciation for the information and for her appearance before the Auxiliary.

During the business session, Mrs. Charles Henley, president, announced that by December 15 the Auxiliary would be responsible for 100 Christmas stockings to be made under the supervision of the Red Cross. Mrs. George Richardson, Red Cross chairman, read a report of the summer activities of her group, which included the sending of magazines, books and records to Camp Blanding and the making of slip covers and curtains for day rooms there.

Recommendations from the executive board that the time of the Auxiliary meeting be changed from 3 p.m. to 11 a.m., beginning with the January meeting, also that the January meeting be in the form of a luncheon, were adopted.

Mrs. S. M. Copeland read an "In Memoriam" to Mrs. C. W. Johnston, deceased, who had been an active member of the Auxiliary for a number of years and was secretary of the organization at the time of her death. Her beautiful, inspiring life demonstrated that our greatest contribution to the world is ourselves, and the Auxiliary will always cherish the sacred memory of her association with this organization. Serving with Mrs. Copeland on this committee were Mrs. B. A. Chapman and Mrs. J. A. Beals.

Following the introduction of visitors, a delightful social hour was enjoyed with the hostess, assisted by Mrs L. Y. Dyrenforth.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101

MIAMI SURGICAL COMPANY

B. MARIAN BEALS, President-Treasurer

Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302

213 S. E. First Street **MIAMI 4, FLORIDA**

Ambulance Directory

COMBS FUNERAL HOMES

Ambulance Service

Phone 32101 **Phone 53101**

MIAMI, FLORIDA **MIAMI BEACH, FLA.**

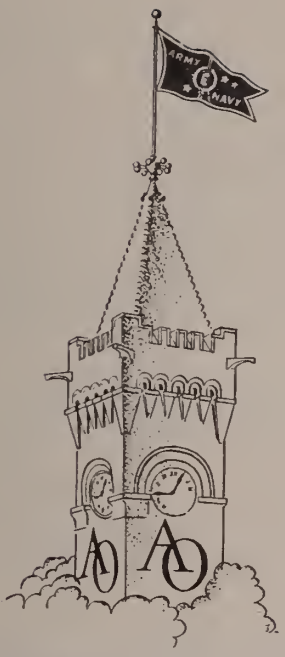
FERGUSON FUNERAL HOME, INC.

WEST PALM BEACH, FLA.

1201 South Olive

PATRONIZE

JOURNAL ADVERTISERS



WITH HOPE AND CONFIDENCE IN THE NEW YEAR WE PLEDGE OURSELVES AGAIN TO THE FULFILLMENT OF OUR RESPONSIBILITIES IN THE ADVANCEMENT OF TRUE VISION.

Let's finish the job! Back the 6th War Loan.

American Optical
COMPANY

FOUNDED IN 1833—THE WORLD'S LARGEST
SUPPLIERS TO THE OPHTHALMIC PROFESSIONS

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
lorida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville, Apr. 12, 13, 1945
lorida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
merican Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	
outhern Medical Association	James A. Ryan, Covington, Ky.	Mr. C. P. Loranz, Birmingham	St. Louis, Nov. 13-16, 1944
labama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 1945
eorgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
lorida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	
Dental Society, State	E. C. Lunsford, D.D.S., Miami	H. L. Cartee, D.D.S., Miami	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	George S. McClellan, Pompano	H. D. Van Schaick, Miami	
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	A. P. Black, Gainesville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 4-6, 1944
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
hattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	
outheastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
iwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

COMPONENT SOCIETIES BY MEDICAL DISTRICTS

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		13	100%	
A	Escambia *Santa Rosa	J. K. Turberville, M.D. Century	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	47	100%	A-1-45 C. D. Whitaker, M.D. Marianna
A	Franklin-Gulf	T. A. Meriwether M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
A	Jackson *Calhoun	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	100%	
A	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
B	Columbia *Baker, Hamilton	Harry S. Howell, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	13	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	38	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
B	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	W. E. Murphree, M.D. 1270 Seminole Ave. Gainesville	J. H. Thomas, M.D. 749 E. Main St. N. Gainesville	2nd Wednesday 7:30 P.M.	26	25	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
B	Duval *Clay	J. G. Lyerly, M.D. 514 Greenleaf Bldg. Jacksonville 2	O. E. Harrell, M.D. 712 Laura St. Jacksonville 2	1st Tuesday 8:15 P.M.	199	198	
B	Marion *Levy	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Thursday 12:30 P.M.	27	100%	
B	Nassau	W. A. Brewster, M.D. Callahan	Geo. A. Dame, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	6	
B	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
B	St. Johns	G. Walter Potter, M.D. East Coast Hospital St. Augustine	Charles C. Grace, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	100%	
B	Brevard	I. F. Bean, M.D. Melbourne	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	10	B-4-46 C. McK. Tyre, M.D. Eustis
B	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	100%	
B	Orange *Osceola	Duncan McEwan, M.D. 106 E. Central Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	93	92	
B	Seminole	Samuel Puleston, M.D. Brumley-Puleston Bldg. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	100%	
B	Volusia *Flagler	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beacb St. Daytona Beacb	2nd Tuesday 7:30 P.M.	44	43	
C	Hillsborough	R. S. Torbett, M.D. 814 First Nat. Bk. Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	106	100%	C-5-46 W. Wardlaw Jones, M.D. Dade City
C	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	100%	
C	Pasco-Hernando-Citrus	S. C. Harvard, M.D. Brooksville	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
C	Pinellas	J. A. Hardenbergh, M.D. 404 Power & Light Bldg. St. Petersburg 5	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	110	100%	
C	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	100%	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Quarterly	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
C	Lee *Collier, Hendry	M. F. Johnson, M.D. Box 1266 Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	
C	Polk	W. F. Peacock, M.D. Barnett Embry Bldg. Bartow	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	61	60	
D	Palm Beach	J. L. Carlisle, M.D. 301 Guaranty Bldg. W. Palm Beach	E. W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
D	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	100%	
D	Broward	Robert Blessing, M.D. 409 Blount Bldg. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	45	100%	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	Wiley M. Sams, M.D. 305 Ingraham Bldg. Miami, 32	J. J. Nugent, M.D. 701 Huntington Bldg. Miami, 32	1st Tuesday 8:30 P.M.	348	343	
D	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	5	2	

*Supervise and aid until organized separately.

NUPERCAINAL*

equals

PHYSIOLOGICAL REST

equals

UNDISTURBED HEALING

NUPERCAINAL is successfully used in traumatic as well as in surgical wounds. It prevents excessive evaporation of tissue fluid, provides prolonged anesthesia thus furnishing relief from pain and itching. Gauze does not adhere to the surface or edges of wounds. Painful dressings are eliminated.



One-ounce tubes
One-pound jars



*Trade Mark Reg. U. S. Pat. Off. Word "Nupercainal" identifies the product as containing "Nupercaine" (alpha-butyloxycinchoninic acid-gamma-diethylethylenediamide) in lanolin and petrolatum, an ointment of Ciba's manufacture.

CIBA *Pharmaceutical Products, Inc.*
SUMMIT, NEW JERSEY



The rooster's legs are straight.

The boy's are not.

The rooster got plenty of vitamin D.

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

One of the surest and easiest means of routinely administering vitamin D (and vitamin A) to children is MEAD'S OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL. Supplied in 10-cc. and 50-cc. bottles. Also supplied in bottles of 50 and 250 capsules. Council Accepted. All Mead Products Are Council Accepted. Mead Johnson & Company, Evansville 21, Ind., U.S.A.

NEW YORK ACADEMY OF MEDICINE

THE N.Y. AC
OF MEDI

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI JANUARY, 1945 No. 7

CONTENTS

Genitourinary Extravasation, Harry Hausman, M. D., Daytona Beach 307

A History of Medicine in Duval County; Installment II, Webster Merritt, M. D., Jacksonville 310

Abstracts of Medical Articles 314

Editorial: The Function of the Journal 316

From My Point of View 316

A.M.A. Annual Session in Philadelphia 318

Pensacola Survival Exposition 318

Army Awards and Commendations 318

Deaths 320

State News Items 320

Component County Society Notes 322

Woman's Auxiliary 326

Schedule of Meetings 329

Component Societies By Medical Districts 330

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

9 out of 10 cases of EPILEPSY are treated in the home





Of the more than a half-million persons in the United States who suffer from epilepsy, only about 50,000 are in public institutions.[1] Thus, about 90 per cent of the therapy of this disease rests on the shoulders of the physician in private practice.

Management of the epileptic in the home demands the use of therapeutic measures which will control seizures effectively, and favorably influence such psychological factors as make for better adjustment of the patient to family life, as well as to his association with others. The objective of the physician is to make it possible for the epileptic, adult or child, to live a normal life with his family.

Dilantin Sodium is a superior anticonvulsant that is relatively free from hypnotic action. It is effective in many cases which fail to respond to bromides or barbiturates. With dosage skilfully adjusted by the physician to the requirements of the individual patient, it provides complete control over seizures in a substantial percentage of cases. In others it lengthens the interval and diminishes the effect of the seizures.

DILANTIN SODIUM
Diphenylhydantoin Sodium



Parke, Davis & Company
Detroit 32 • Michigan

1. Tracy Putnam: Convulsive Seizures, p. 4, J.B. Lippincott Co., 1943.

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.





The strange story

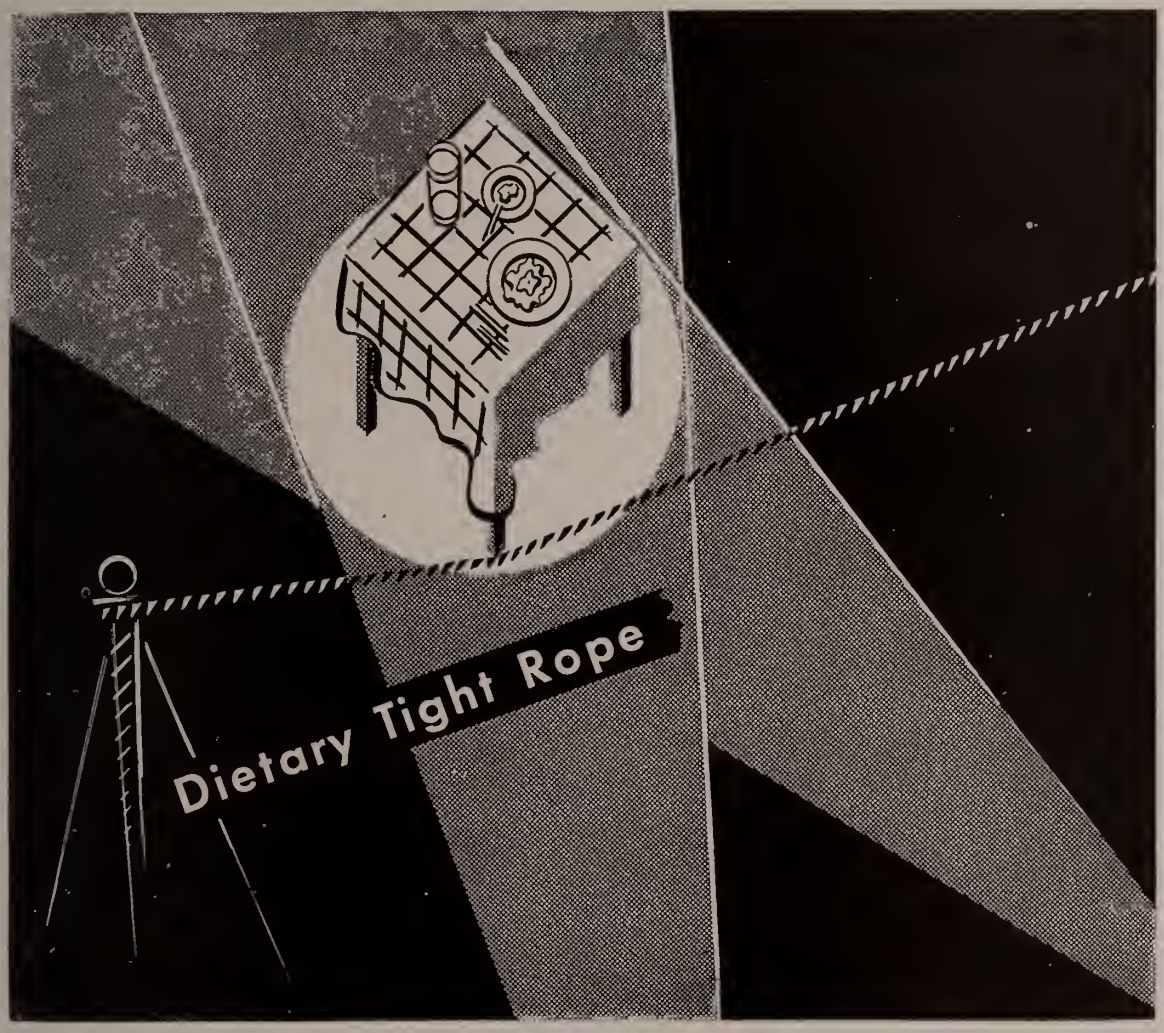
. . of the cup that wasn't there

Strangely enough, there has never been an instrument to provide a convenient, rapid, quantitative, and clinically valid test for depth perception. To the patient whose depth perception is faulty, it *is* a strange story to reach for a cup which isn't there. To the physician who examines this patient, the newly designed portable Verhoeff Stereoptor provides a dependable test.



The AO VERHOEFF STEREOPTOR

American Optical
COMPANY



The restricted therapeutic diet in metabolic, allergic, cardiovascular, gastrointestinal, or renal disease may force patients to "walk the tight rope" of vitamin adequacy. Too often they lose their dietary balance, with the result that nutritional deficiency is superimposed on the primary disease.

An Upjohn vitamin product, prescribed with limited diets, often helps the patient retain a surer vitamin footing. One dose daily of the indicated high potency, economical Upjohn vitamin product is usually adequate for effective dietary supplementation.

UPJOHN VITAMINS

Upjohn
KALAMAZOO, MICHIGAN

FIGHT INFANTILE PARALYSIS . . . JANUARY 14-31

Post-Surgical Starvation

with its wastage of body tissues, especially tissue and plasma protein, "begins almost at once after protein is omitted from the diet." Hence it is recommended* that meat and other protein foods be added to the diet as soon as possible after surgery. Meat is not only rich in protein, but its protein is of highest quality, able to meet every protein need.

*"Surgeons are accustomed to attribute most of the postoperative weakness or asthenia to the operative procedure without realizing that much of it may actually be due to starvation, particularly deprivation of protein . . . the fall in plasma albumin begins with the very onset of a protein deficient diet . . . Solid food, as eggs and meat, should be added as soon as possible. Most postoperative patients can eat food much earlier than they are usually permitted to." Elman, R.: Acute Starvation Following Operation or Injury: With Special Reference to Caloric and Protein Needs, Ann. Surg. 120:350-361 (Sept.) 1944.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



COLOR PHOTOGRAPH BY VALENTINO

FAITH UNLIMITED

JOHNNY hadn't complained at all that day, although his nose had been a li stuffy. Tucked into bed at an early hour, he played for a while with his woo dog, then sank into a fitful slumber.

Awakened in the middle of the night by incoherent mutterings, the alarn parents hastened to the bedside. The family physician was called. Anxiously diagnosis was awaited. When the examination was completed and the fan assured that "Johnny will be all right in a few days," anxiety surrendered supreme confidence. They have unlimited faith in the doctor's judgment.

Nothing is so comforting to the parents at the bedside of a sick child as friendly counsel of the family physician. So, also, should it be a satisfactior the physician to know that his professional knowledge and skill can be supp mented by medicinal agents of the highest quality, without inconvenience loss of time. Lilly Products are quickly available through leading prescript stores everywhere. A "Lilly" specification guarantees the utmost in pror therapeutic response.

Lill

SAFE, COMPATIBLE, EFFECTIVE



RABBITS tolerate intravenous doses of 20 to 25 milligrams of 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) per kilogram of body weight. Rats withstand as much as 45 milligrams of 'Merthiolate' per kilogram of body weight upon slow intravenous injection. In mice the toxicity is still less.

The compatibility of 'Merthiolate' with body fluids and its low toxicity are thus dramatically demonstrated. Its versatility is further manifested by compatibility with soap and the sulfonamides. 'Merthiolate' may be used for wound antisepsis whether or not sulfa drugs are employed. In bactericidal concentration 'Merthiolate' is tolerated with minimal physiological disturbance.

There is no *Universal Size*



THERE never has been a wedding ring that would correctly fit the finger of all women . . . and there is no universal size of occlusive diaphragm that will correctly conform to the many variations of the vaginal and cervical structures.

Competent clinical investigation has established that an occlusive diaphragm must be of individually correct size in order for the cervix to be properly protected against entrance of spermatozoa.

Because of the variance in the vaginal anatomy of individual patients the correct size can be determined only through measurement by a properly qualified physician.

To insure closer, more accurate fitting with greater comfort for your patients, specify "RAMSES"* Flexible Cushioned Diaphragm on your prescriptions.

Ramses TRADE MARK REG. U.S. PAT. OFF.

FLEXIBLE CUSHIONED DIAPHRAGMS

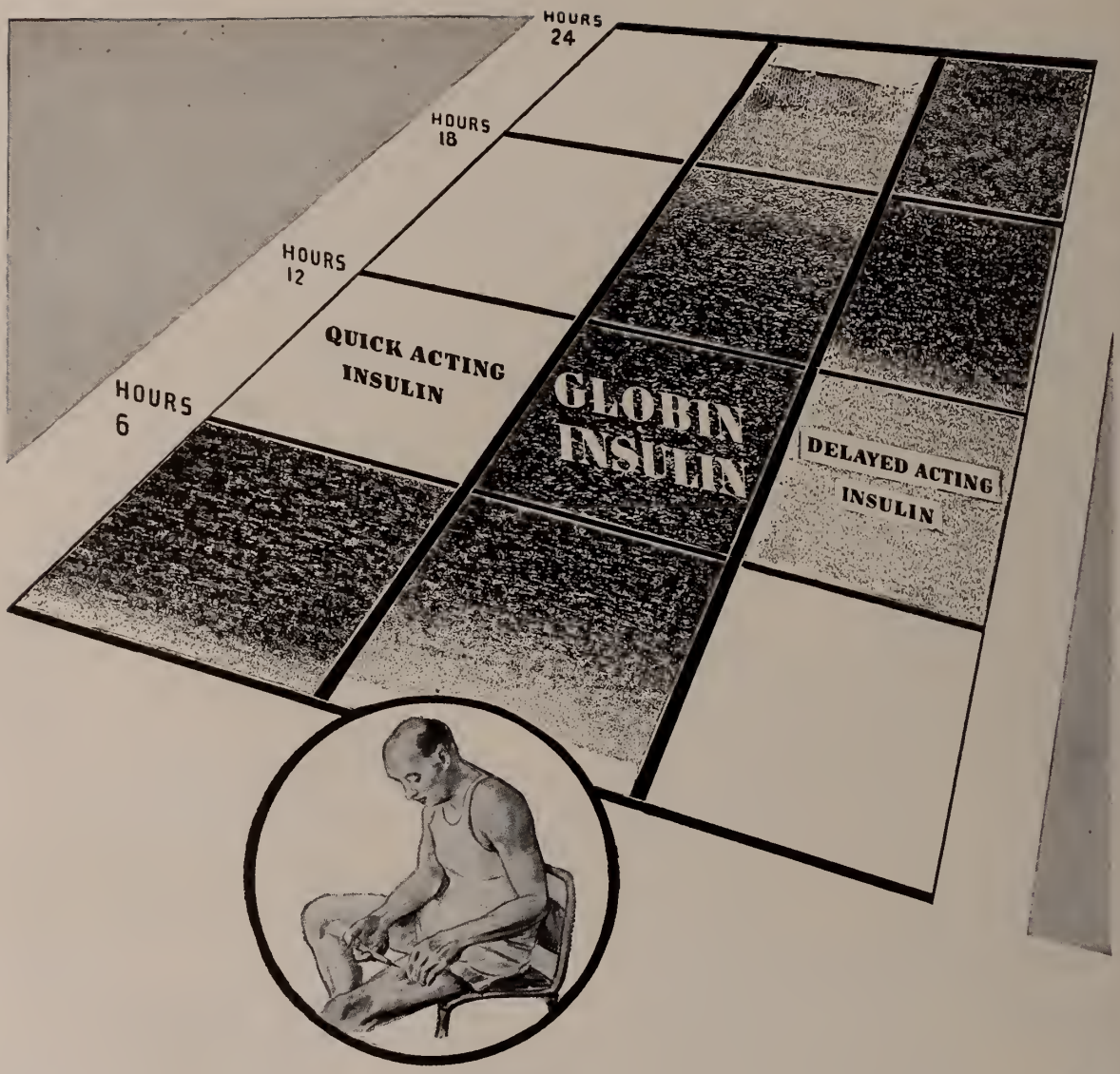


are made in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters inclusive . . . available through any recognized pharmacy.

* The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.

A MARK OF Ramses DEPENDABILITY U.S. PAT. OFF.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55th Street New York 19, N. Y.



Insulin action *timed* to the patient's needs

'Wellcome' Globin Insulin with Zinc provides a controlling agent that is intermediate between quick-acting and slow-acting insulins. It is not intended to replace these in all cases, but combines certain advantages and eliminates some disadvantages of each.

Initial action is prompt, with intensity sufficient to handle a relatively low breakfast carbohydrate intake. Daytime action is sustained, with maximum intensity during major physical activity and larger meals. Night-time action is diminished, with intensity rapidly decreasing to correspond with the lessened insulin requirements during sleep.

'Wellcome' Globin Insulin with Zinc is a clear solution, and is comparable to regular insulin in its freedom from allergenic properties. Developed in the Wellcome Research Laboratories, Tuckahoe, N. Y. U. S. Pat. No. 2,161,198. Vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Registered

Comprehensive booklet "GLOBIN INSULIN" sent on request.

'WELLCOME'
GLOBIN INSULIN
WITH ZINC

ACCEPTED AMERICAN MEDICAL ASSOCIATION

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.



for Infants and Children

MILK DIFFUSIBLE *Vitamin* D PREPARATION

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

does not float on milk
does not adhere to bottle
does not have a fishy taste or odor

WINTHROP

ACCEPTED AMERICAN MEDICAL ASSN.

Drisdol in Propylene Glycol—10,000 units per Gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

WINTHROP CHEMICAL COMPANY, INC. NEW YORK 13, N. Y.
Pharmaceuticals of merit for the physician WINDSOR, ONT.

Drisdol *in* **Propylene Glycol**

Reg. U. S. Pat. Off. & Canada

Brand of
Crystolline Vitamin D_2
from ergosterol

Not only . . .

LABORATORY TESTS . . . which

- showed edema of the rabbit conjunctiva averaging 2.7 from the smoke of ordinary cigarettes . . .
- compared with 0.8 from PHILIP MORRIS Cigarettes.

But also . . .

CLINICAL TESTS . . . which

- showed that when smokers changed to PHILIP MORRIS, substantially every case of irritation of the nose or throat due to smoking cleared completely or definitely improved . . .

. . . conclusively prove

PHILIP MORRIS CIGARETTES

to be definitely and measurably

LESS IRRITATING

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Sleep, baby, sleep



BABY has had a good lunch and is sleeping comfortably, thanks to the flocculent, easily digested milk curds produced by 'Dexin'. Nor is it likely that distention, colic and diarrhea will disturb baby's sleep, for the high dextrin content diminishes intestinal fermentation.

Mother is happy because 'Dexin' is so easy to prepare. It is readily soluble in hot or cold milk, and is so palatable without excess sweetness that baby takes other bland supplementary foods willingly. 'Dexin' gives mother extra time for herself. Containers of 12 ounces and 3 pounds. 'Dexin' Reg. Trademark

Literature on request



'Dexin' does make a difference

COMPOSITION

Dextrins	75%
Maltose	24%
Mineral Ash . . .	0.25%
Moisture	0.75%

Available carbohydrate 99%
115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce

'Dexin'

HIGH DEXTRIN CARBOHYDRATE

ACCEPTED AMERICAN MEDICAL ASS'N

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
9-11 East 41st Street, New York 17, N. Y.

OCTOFOLLIN

has been the name employed to designate the brand of

BENZESTROL

marketed by Schieffelin & Co. Benzestrol has been recognized as the generic name for 2, 4-di(p-hydroxyphenyl)-3-ethyl hexane by the Council on Pharmacy and Chemistry of the American Medical Association. It has been decided to discontinue the use of the name Octofollin and hereafter the product will be known and labelled Schieffelin Benzestrol.

Schieffelin BENZESTROL

This fine synthetic estrogen is supplied in the same strengths and sizes as formerly, namely

BENZESTROL *Tablets:*

0.5, 1.0, 2.0, 5.0 mg. Bottles 50, 100 and 1,000.

BENZESTROL *Solution:*

5.0 mg. per cc, in 10cc rubber capped, multiple dose vials.

BENZESTROL *Vaginal Tablets:*

0.5 mg. bottles of 100.

Schieffelin & Co.

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N.Y.

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

Fulfillment of a Protected Pregnancy



Neither hopeless nor helpless are cases of threatened or habitual abortion due to corpus luteum deficiency. Such pregnancies can be protected, in many cases, by decisive, early treatment with PROLUTON* (progesterone for intramuscular injection) or PRANONE* (anhydrohydroxy-progesterone for oral administration) which reduce the contractility of the myometrium.

In habitual abortion 5 to 10 mg. of Pranone are given *orally* daily, increasing to 30 or 40 mg. daily during times of greater requirement, or 5 mg. of Proluton three times weekly may be *injected.* Therapy is continued until quickening occurs.

In threatened abortion injections of 5 to 10 mg. of Proluton are given daily until bleeding and pain are completely controlled. Subsequent treatment may be given as for habitual abortion.

SCHERING CORPORATION · *Bloomfield, New Jersey*

*Trade Marks Reg. U. S. Pat. Off.

COPYRIGHT 1945 BY SCHERING CORPORATION



"another three ounces— just right, young man"

...A familiar statement by physicians prescribing Biolac for infants deprived of human milk.

The protein level of Biolac assures an adequate supply for growth and health, with small, soft curds. The adjusted milk fat facilitates digestion and assimilation with greater freedom from "fat upsets"; and the ample lactose content assures a soft natural stool formation. The adequate proportions of lactose, iron, and vitamins A, B_1, B_2 and D eliminate the need for time-consuming calculations of extra formula ingredients. Indeed, Biolac (supplemented with vitamin C) provides *completely* for infant nutritional requirements throughout the bottle period.



Easily calculated... Quickly prepared. 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.

BORDEN PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE • NEW YORK, 17, N. Y.

Biolac is a liquid modified milk, prepared exclusively from Board-of-Health-inspected whole and skim milk, with added lactose, and fortified with vitamin B_1, concentrate of vitamins A and D from cod liver oil, and iron. Evaporated, homogenized, and sterilized, vitamin C supplementation only is necessary. Biolac is available in 13 fl. oz. cans at all drug stores.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Biolac—"BABY TALK" FOR A GOOD SQUARE MEAL

The Front Line of Research



Greater offensive power against disease is the primary objective of the incessant research activities of Ciba laboratory technicians. They know that the discovery of one major therapeutic weapon can save more lives, in the long run, than any war can take. And so, these "soldiers" of flask and centrifuge — by improving familiar Ciba products and evolving new and valuable medicinals—war against pathology to aid mankind.

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

A Decade of Uniformity . . . DIGIFOLIN

DIGIFOLIN* maintains the same potency in which it has been available for over a decade. While official digitalis preparations according to U. S. P. XII will be somewhat weaker than those made according to U. S. P. XI, they will still be stronger than prior to 1936.

Thanks to its uninterrupted constancy, DIGIFOLIN, as heretofore, will enable the physician to prescribe a constant potent preparation of purified digitalis glucosides in tablets, ampuls or solution.

*Trade Mark Reg. U. S. Pat. Off. and Canada



DIGIFOLIN HAS NOT CHANGED

CIBA *Pharmaceutical Products, Inc.*

SUMMIT, NEW JERSEY



"I hear the war's practically over... back home!"

Probably it's only natural for us here at home to feel that the war's almost won, the way the good news has been pouring in.

But the war's not over for *him—not by a long sight!* And he's just one of a few million or more that will stay over there until they finish the bloody mess. Or kill time for a few months—or years—in some hospital.

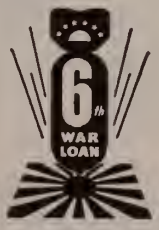
What about *you?*

This is no time to relax. No time to forget the unfinished business. It's *still* your war, and it *still* costs a lot.

So dig down deep this time. Dig down till it hurts, and get yourself a hundred-dollar War Bond over and above any you now own—or are now purchasing. This 6th War Loan is every bit as important to our complete and final Victory as was the first.

Don't "let George do it"—get *yourself* that *added* bond, help finish a magnificent job *right.* The quicker you reach down deep, the better you do *your* job for war, the more you'll contribute to ending the fight. And the quicker they'll come back—the guys that can *still* be killed.

After all, you're safe and sound and *home. That's worth another hundred-dollar bond to you, isn't it?*



Buy at least one extra $100 War Bond today!

FLORIDA MEDICAL ASSOCIATION

This is an official U. S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council.





FOR CONSTIPATION DUE TO MEDICATION...

You know only too well that a number of useful, necessary medications may induce constipation as an unfortunate by-product. The normal cycle of bowel evacuations is thrown off schedule.

Petrogalar gently, persistently, *safely* helps to establish "habit time" for bowel movement. It is evenly disseminated throughout the bowel, effectively penetrating and softening hard, dry feces, resulting in comfortable elimination with no straining . . . no discomfort. Petrogalar to be used only as directed.

A medicinal specialty of WYETH Incorporated, Petrogalar Laboratories, Inc. Division, Philadelphia.

Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly. Five types afford a selection of medication adaptable to the individual patient. Supplied in 16-ounce bottles.

Petrogalar

REG. U. S. PAT. OFF.

Wyeth

FOR SAFE RETURN TO "HABIT TIME"

Office Hours—*24 hours a day*

● Battle front or home front—the story is the same: There aren't enough hours in the day.

It may be a new offensive in the far-off Pacific with its inevitable toll of casualties; it may be an epidemic in a crowded defense area here on the home front—but *never* in history of man has the medical profession carried such a responsibility . . . carried it so magnificently.

But the reward is great. Victory over the aggressors, yes, certainly. And beyond that, victory over an enemy stronger than Germany or Japan. Because terrible though war is, it is the laboratory out of which will come new knowledge to benefit mankind for years to come.







R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

NO ONE more than the busy doctor deserves that precious moment of relaxation . . . the pleasure of a cigarette. Likely as not it will be a cool, flavorful Camel—the favorite cigarette with men in all the services, according to actual sales records.

CAMELS *Costlier Tobaccos*



IN THE SHORTENING OF *Convalescence*

More than so-termed tonics and restoratives, Ovaltine can be of material aid in shortening the period required for the return of strength and vigor following recovery from infectious or prolonged illnesses. During the acute stages of febrile diseases, when the patient's nutritional intake is low, while requirements are higher than normal, many metabolic deficits are developed. These can be made good only by a high intake of essential nutrients during the recovery period, for only after these nutritional deficits are wiped out can former strength and well-being return.

Ovaltine offers many advantages as a nutritional supplement to the diet of convalescence. This delicious food drink is rich in needed minerals, vitamins, and biologically adequate proteins. Its appealing taste invites consumption of three or more glassfuls daily. Its notably low curd tension encourages rapid gastric emptying, an important factor in maintaining good appetite.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	31.2 Gm.	VITAMIN A	2953 I.U.
CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1.104 Gm.	RIBOFLAVIN	1.278 mg.
PHOSPHORUS	.903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER	.5 mg.

*Based on average reported values for milk.

SPENCER BREAST SUPPORTS

FOR PRE-NATAL AND NURSING



Spencer Maternity Breast Support



Spencer Nursing Breast Support

Each Spencer Breast Support for pre-natal wear, like *all* Spencer Supports, is *individually designed* for the one patient who is to wear it, to lift and hold breasts in natural, healthful position, without compression.

It improves circulation—protects delicate inner tissues—helps prevent outer skin from stretching and breaking—aids breathing—improves appearance—encourages erect posture. Easily adjustable to increasing development.

Painful, engorged breasts are often relieved by a Spencer, as it allows veins to empty easily. (A further advantage is gained later in increased milk supply from equalization of circulation during pregnancy.)

Guards Against Caking and Abscessing

The Spencer Breast Support for nursing mothers provides protection against caking and abscessing. Closes in front for nursing convenience.



Spencer Sleeping Breast Support

Spencer Sleeping Supports

are prescribed to continue day-time treatment during night hours. Protects breasts against crushing—aids breathing.

For service look in telephone book under Spencer corsetiere or write direct to us.

MAY WE SEND YOU BOOKLET?

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,

129 Derby Ave., New Haven 7, Conn.

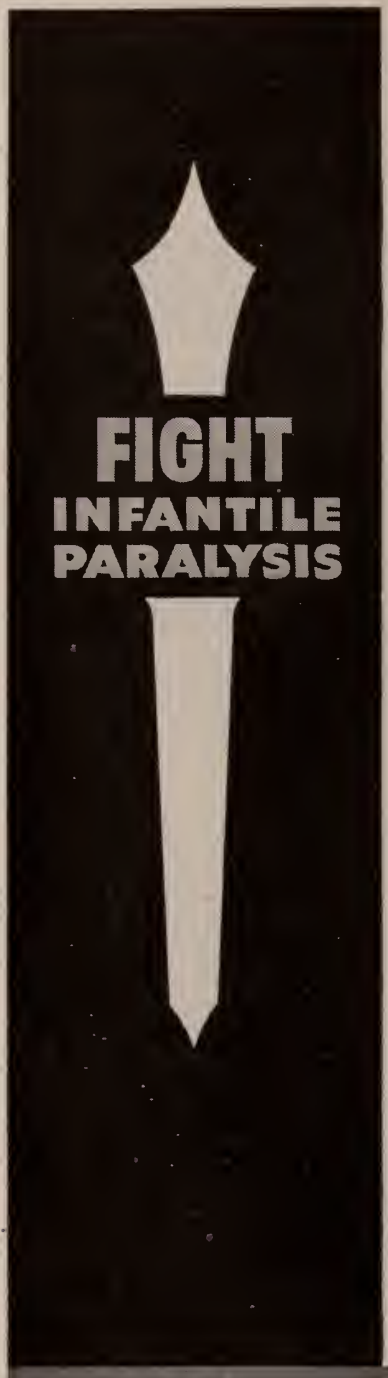
In Canada: Rock Island, Quebec.

In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me booklet, "How Spencer Supports Aid The Doctor's Treatment."

..... M.D.

Address R-1



FIGHT INFANTILE PARALYSIS

This plea keynotes the great humanitarian struggle waged unceasingly by the National Foundation for Infantile Paralysis since its inception in 1938 . . . and climaxed each January by an intense public awareness and support campaign.

The vast scope of the battle against infantile paralysis — involving the time, skill and knowledge of our finest doctors and scientists — cannot be comprehended by the majority of people. However, so deep is the desire of Americans to see the obliteration of this dread disease, that they have to date contributed millions of dollars through annual March of Dimes appeals for research purposes alone.

Recognizing the importance of the work of the National Foundation, Rexall Drug Stores proudly join with the American people in support of the 1945 March of Dimes, January 14—31.

UNITED DRUG COMPANY

Boston • St. Louis • Chicago • Atlanta
San Francisco • Los Angeles • Portland
Pittsburgh • Fort Worth • Nottingham • Toronto

PHARMACEUTICAL CHEMISTS—MAKERS OF TESTED-QUALITY PRODUCTS FOR MORE THAN 41 YEARS

Rexall
DRUGS

Heinz Now Offers a Complete Line of Baby Foods IN GLASS!

High-Quality Heinz Strained And Junior Foods Provide Tempting, Well-Balanced Meals For The Babies And Toddlers In Your Care

Meats—Among the delicious, scientifically prepared Heinz Strained Foods for infants are nutritious Beef Broth with Beef and Barley, Beef and Liver Soup, and choice Vegetables with Lamb. Two special Heinz Junior Foods—Chicken-Farina-Vegetable Porridge and Lamb and Liver Stew—furnish important protein values for older babies.

Fruits—A well-balanced fruit-and-cereal combination, Heinz Strained Apricots and Oatmeal is a dish small babies enjoy. Heinz Strained Prunes, savory Pears and Pineapple, and Applesauce, are bland, enticing fruits—not too sweet, not too tart.

Vegetables—Heinz makes Strained Beets, Carrots, Green Beans, Spinach, Peas, Tomato Soup and Vegetable Soup for babies. These specially grown vegetables are scientifically cooked and vacuum-packed to retain a high degree of minerals and vitamins. . . . For older babies, Heinz prepares Creamed Tomato and Rice, Creamed Green Vegetables, Chopped Green Beans, Chopped Spinach and Chopped Mixed Vegetables.

Desserts—Creamy Heinz Strained Custard and Apple Prune Pudding are light, energy-giving, easy for infants to digest. Pineapple Rice Pudding and Prune Pudding—both highly nutritive Junior Foods—are two desserts you'll want to recommend for toddlers!

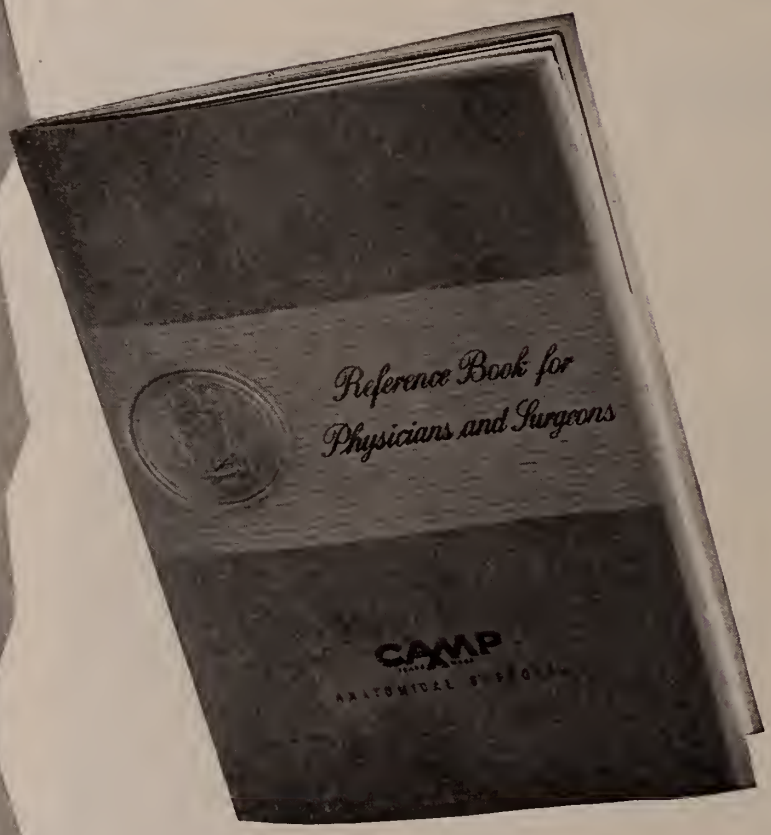
HEINZ *Baby Foods*

57

prenatal supports • orthopedic

visceroptosis and nephroptosis supports

pendulous supports



CAMP

FOR PHYSICIANS AND SURGEONS
NEW HELPFUL INFORMATION ON
ANATOMICALLY DESIGNED SUPPORTS

The supports presented in this thirteenth edition of our Reference Book are the results of thirty years of research and successful experience, in close cooperation with physicians and surgeons. The book contains much new material, with comparative illustrations, showing how Camp Scientific Supports can aid the therapy required in various ailments and figure faults of men, women and children. A copy will be gladly sent to you upon request.

S. H. CAMP & COMPANY, JACKSON, MICHIGAN

Offices in NEW YORK • CHICAGO • WINDSOR, ONT. • LONDON, ENGLAND

World's Largest Manufacturers of Scientific Supports

postoperative supports • hernia

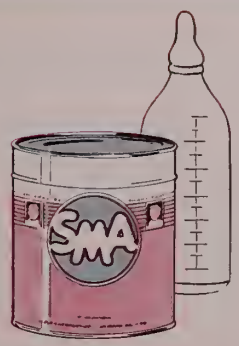
An S.M.A. baby is a Doctor's Baby!

An S.M.A. baby is a beautiful baby, a happy, comfortable, good-natured baby . . . one a doctor may well be proud of . . . a credit to his knowledge of infant care.

This nutritionally complete food...S.M.A., so closely akin to breast milk, is such an easy food to prepare. The S.M.A. formula like breast milk remains constant. Only the quantity need be increased as the baby grows older. Doctors and mothers are grateful for S.M.A.



IT'S EASY TO MIX...

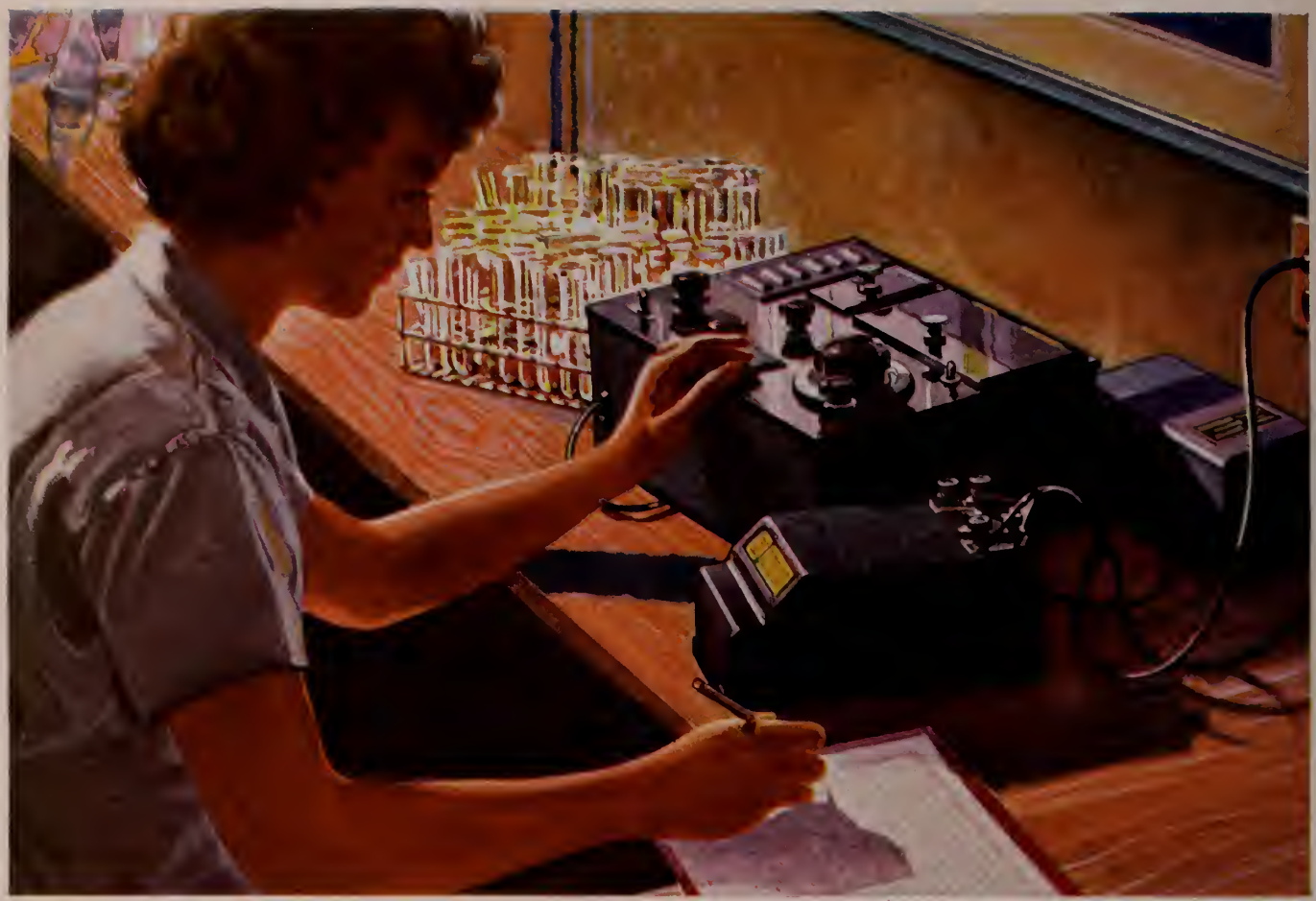


S.M.A. is derived from tuberculin-tested cow's milk in which part of the fat is replaced by animal and vegetable fats including biologically assayed cod liver oil; with the addition of milk sugar, vitamins and minerals; altogether forming an anti-rachitic food. When diluted according to directions, it is *essentially the same as human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

S.M.A. DIVISION
WYETH INCORPORATED, PHILADELPHIA 3, PA.

Wyeth

DILUTION TEST—Turbidimetric method to determine Penicillin unit value of potencies. As a double check on potency, Wyeth also employs the cylinder plate method.



PENICILLIN CONTROL

The precision that goes into the manufacture of *all* Wyeth products necessarily played an important part in the development of Penicillin. In the early days, when little was known of the quantitative behavior or potency of Penicillin, Wyeth biochemists worked constantly to develop procedures and methods of standardization that would give the entire world a uniform product as well as uniform potency of the dosage unit of Penicillin.

When its chemical nature became more clearly understood, Penicillin, as developed by Wyeth, had to meet newer and even more exacting tests—tests employing instruments of precision and requiring analytical, chemical and bacteriological skill. Through the system of control thus developed, Wyeth Penicillin meets the most exacting requirements, including those of government agencies and clinical investigators. The Wyeth system of control for uniformity and potency of the dosage unit has also developed a standard of purity that serves as a guide in the selection of apparatus and production methods. This purer and more stable product which has been developed by Wyeth nevertheless conserves all the essential characteristics of Penicillin as observed in its early phenomenal evidence of broad anti-bacterial action.

WYETH INCORPORATED • PHILADELPHIA



MOISTURE TEST—Wyeth Penicillin steadily maintains a moisture content below 1%, which is less than half the tolerance allowed by the specifications for Penicillin used by the military forces.



STERILITY TEST—The sterility tests of Wyeth Penicillin are conducted by recognized routine government procedures, to establish the product's freedom from anaerobes or aerobic micro-organisms.



PYROGEN TEST—This test, to establish the absence of fever-producing substances, has consistently proved that Wyeth Penicillin is pyrogen-free according to approved government standards.

Wyeth

New Year's Pledge

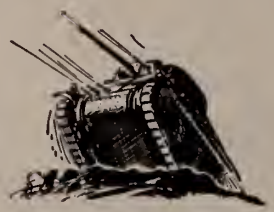
To continue devotion to our country and to the conservation of the life and health of our Armed Forces and civilian population.

TABLEROCK LABORATORIES

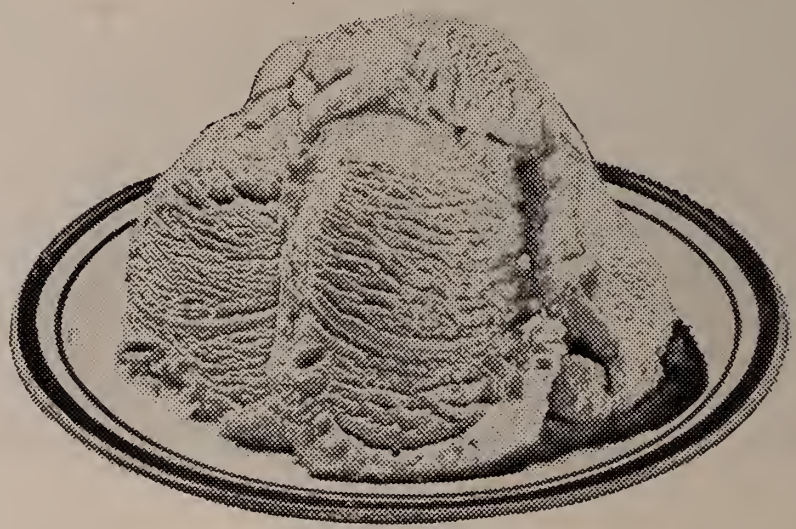
Manufacturers of Pharmaceutical Specialties

GREENVILLE, S. C.

IN THE FRONT RANKS OF FIGHTING FOODS



Sealtest ICE CREAM



America's wartime effort can be only as strong as the nutrition behind it. Sealtest Ice Cream is one of the foods that will keep that effort at top-pitch.

Yes, ice cream, as a source of nutrition, has won a front-line place on the Government's food-for-victory program. It is rich in milk-vitamins, in protein, in the minerals it takes to keep up that fighting spirit. But that's not all! Sealtest Ice Cream takes honors as a morale-lifter, too! So delicious, so refreshing, is Sealtest Ice Cream, that it helps put an extra "punch" to that job we all have to do.

Southern Dairies



Sealtest ICE CREAM

NATIONAL DAIRY Sealtest PRODUCTS CORP.

DIVISION OF NATIONAL DAIRY PRODUCTS CORP.



PENICILLIN CANNOT BE MADE IN A CRUCIBLE!

Bring back Paracelsus and his crucibles today...show him the clinical picture of Penicillin...take him on a trip through a great Penicillin plant like that of Cheplin Laboratories. What would he think? Your guess is as good as ours!

Just as strides in clinical medicine have been unmeasurable since Paracelsus' time, so too have been the strides in mass-manufacture and plant-investment. In the Cheplin plant at Syracuse, for instance, there are alone thirty miles of pipe needed to make this new "wonder-drug."

Who can state Medicine and the Pharmaceutical Manufacturer aren't working together for a better post-war world? And Cheplin is doing its bit!

CHEPLIN
LABORATORIES INC.
(UNIT OF BRISTOL-MYERS COMPANY)

SYRACUSE • NEW YORK



LAWRENCE SHAW RIVALS THE F. B. I.



PHARMACIST LAWRENCE SHAW owns and operates a drug store in which professional service prevails. Mr. Shaw fills each prescription with meticulous care and with an exactness that approaches the point of fussiness. He is supported in his efforts by the assurance that the materials he uses in his compounding are the finest the markets of the world afford. Many of them come from the Lilly Laboratories, where quality has always been of first importance. Every safeguard known to man is employed in the manufacture of Lilly Products. Hundreds of people are employed in inspection alone. In providing medicinal agents made with such scrutinizing care, Pharmacist Shaw protects the lives of the people just as surely as do the sterling members of the F.B.I.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly

INVEST IN AMERICA'S FUTURE ★ BUY WAR BONDS

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI Jacksonville, Florida, January, 1945 No. 7

GENITOURINARY EXTRAVASATION

HARRY HAUSMAN, M. D.
DAYTONA BEACH

Urinary extravasation is usually an extensive fulminating phlegmon originating in the membranous urethra and accompanied by massive genital and perigenital gangrene. Mortality is high in advanced cases in which the condition is associated with toxemia, massive gangrene and pyelonephrosis. Infection by bacteria forms the basis for this disease, but it may be secondary to trauma. The bacteria most frequently present are streptococci, staphylococci, Bacillus coli, Bacillus perfringens and various anaerobes.

ETIOLOGY AND PATHOLOGY

Usually the inflammatory process is greatest at the site of stricture or old periurethral infiltration. The strictured area may consist of firm scar tissue or varying degrees of granulation tissue, which bleeds profusely upon slight intraurethral manipulation with a filiform or sounds. The urethra proximal to the stricture is dilated, and the walls are thinned out with pocketing of various degrees. When these tissues are traumatized because of instrumentation or straining to urinate or through intercourse, rupture takes place. The bacteria already present cause a superimposed infection, which in turn causes periurethritis, thrombosis and resultant necrosis. One must also bear in mind the extent of the renal damage as a result of back pressure caused by the stricture. Pyelonephrosis is usually a concomitant condition and must be reckoned with.

Extravasation follows a certain course due to anatomic fascial planes. The internal and external pelvic fascia and the knowledge of its surgical anatomy are of great value to the surgeon for diagnosis and treatment. The triangular ligament is the dividing line. Its description is omitted here as this particular portion has already been described by a number of authors on this subject and also in all standard textbooks on surgical anatomy.

DIAGNOSIS

The diagnosis of urinary extravasation hinges upon a long history of difficult urination, prostatic abscess, trauma by falling astride a blunt object, or intraurethral manipulation. The presence of a swelling in the perineum may be the only external evidence of the disease. Usually there is involvement of the whole scrotum and penis, distorting the entire organ. If it extends up the abdomen, there may be evidences of swelling and crepitation. The scrotum becomes greatly infiltrated, and often local evidences of gangrene may be present. The bladder is usually distended, and the distention is accompanied by great discomfort in this region.

TREATMENT

In all cases of urinary extravasation prompt surgical measures directed toward the infiltrated areas are essential. These areas are widely incised, and if the necrosis is great, crescentic pieces of tissue may be excised with through and through drainage obtained. The operative field is then kept in a continuous wet dressing of potassium permanganate in a solution of 1 to 5,000 or in a solution of hydrogen peroxide.

Any of the following anesthetics may be used: (1) gas, oxygen and ether by inhalation, (2) novocain administered spinally, (3) novocain caudally, or (4) pentothal sodium by the intravenous route. I have used the first two most frequently. In a case in which the operation promises to be of short duration, pentothal sodium given intravenously is preferable. If the patient has hypertension, I do not use spinal anesthesia. Caudal anesthesia is satisfactory, although it is often difficult, on short notice, to find an anesthetist who is familiar with the technic of its administration.

Before any surgical procedure is undertaken, the manner of diverting the urinary flow from the site of extravasation must be decided. If a suprapubic operation is to be done, it should be performed before incising the infected area. If an external urethrotomy is to be done, it can be performed in conjunction with the incision of the perineal tissues.

Free and multiple incisions are made in the scrotal wall wherever there is infiltration, but cutting the tunica vaginalis is to be avoided. Hemorrhage should be controlled with packing or ligatures. Sulfathiazole crystals should be poured into wounds, and copious wet dressings of warmed potassium permanganate in a solution of 1 to 5,000 or hydrogen peroxide solution should then be applied. If the patient is especially toxic, I

start the intravenous administration of a 5 per cent solution of glucose in normal saline as soon as he is completely under anesthesia. In almost every case I resort to venoclysis postoperatively, giving 3,000 cc. in twenty-four hours. Fluids are forced by mouth, and a soft diet is ordered for the first few days. Sulfathiazole tablets, 4 Gm. a day for the first two days and later 2 Gm. a day, are given until there is evidence of abatement of the infection. Also, 1,500 units of antianaerobic serum is given postoperatively.

In all intraperitonal ruptures the abdomen is opened transperitoneally. The lacerations are sutured, and the peritoneum as well as the prevesical space is drained.

In some of my cases it was necessary to free both testes from the infiltrated areas as well as the cord, as far up as the inguinal canal; subsequently they were wrapped in sterile vaseline gauze after being covered with sulfathiazole crystals. In these cases I kept the testes and cord outside the scrotum until the scrotal pathologic condition subsided, a period of about two weeks. During this period the testes retracted completely into the groin; it was necessary to do a plastic operation to release them from the adhesions and permit proper placement into the scrotum.

Wallenstein[1] observed that in extravasation due to rupture of the bladder drunkenness is an important predisposing cause. It diminishes the reflex activity of the bladder and leads to distention, making it easier for trauma in the region of the pelvis to cause rupture. In the majority of the cases reported in the literature drunkenness was the predisposing cause. The symptoms and signs of extravasation following wounds or rupture of the bladder are shock, pain about the bladder, great difficulty in voiding or inability to void, and a bloody anuria. The commonest site of rupture is in the posterior-superior surface of the bladder, and it is here that the peritoneum is intimately adherent to the wall of the bladder.

DISCUSSION OF CASES

At Harlem Hospital 30 patients were admitted to my service and were under my observation. They were men between the ages of 25 and 40 years and all were acutely ill. Three deaths occurred in patients with evidences of extreme toxemia of four days' duration or more and complicated with pyelonephrosis.

In most of the cases in my series extravasation followed rupture anterior to the triangular ligament, and therefore the course was limited in the perineum and genitals by Colles' fascia and in the overabdomen by Scarpa's fascia. Perineal and scrotal involvement was noted first, and there followed involvement of the penis, limited by Buck's fascia. In a few cases there was also involvement of the lower part of the abdomen, and cellulitis of the groin was present. Campbell[2] mentioned 4 cases in his series in which similar symptoms were noted.

In 2 cases in which the extravasation was of three days' duration, it spread upward along Scarpa's fascia and was associated with gangrene. Multiple wide incisions were required and were carried out beyond the involved lesions.

In 2 other cases the extravasation was limited to Buck's fascia, and the penis alone was involved. The antecedent history was that of stricture and difficulty in urinating despite a sudden strong desire to void. One patient noted a swelling of the penis with some relief in the bladder. Within twenty-four hours the penis became enormously enlarged and the prepuce edematous hiding the glans; with every attempt the patient made to urinate the whole shaft of the penis became more intensely swollen. He was operated upon promptly. A suprapubic cystotomy was done, and the incision was made laterally and parallel to the shaft of the penis, avoiding the corpora cavernosa. Bilateral incisions of the prepuce were made, exposing the glans. The penis was kept elevated until the edema subsided. After the edema and infection had subsided, irrigation of the anterior portion of the urethra with mild antiseptic solution was carried out. The Philip's whip was passed, and the stricture was dilated with followers increasing gradually in size. The suprapubic tube was removed at the end of three weeks, and the wound was allowed to close.

In 2 cases the patients were 9 and 10 year old boys, and the extravasion was of traumatic origin. In 1 case it was associated with fracture of the ascending ramus with direct trauma to the urethra. A suprapubic cystotomy was done; then the urethra was lined up by passing a catheter retrograde when it was impossible to do so distally, and it was left in place. All infiltrated areas were widely incised. In the other case the bladder was torn away from the urethra at the neck. A suprapubic cystotomy was done. A catheter was passed through the urethra and into the bladder; the torn edges of the bladder were then sutured to the adjacent structure with

chromic gut. The fractures were taken care of by the orthopedic service. In both instances the prevesical space was drained.

I wish also to report 3 private cases which recently came under my observation. In 1 of these cases the patient was 70 years old, had a hypertrophied prostate causing retention and was in the habit of self catheterization. During one of these procedures he had difficulty in getting the catheter into his bladder and subsequently noted blood passing through the urethra. He sought relief because he had difficulty in voiding, urgency and pain in the perineum. His temperature was 101 F., and the pulse rate was 110. There was some bulging in the perineal-scrotal area as well as in the region extending forward around the bulbomembranous urethra. There was deep fluctuation. A diagnosis of periurethral abscess was made. In this case I planned to incise in the midline over the bulging mass and do an external urethrotomy. I was, however, confronted with some difficulty in getting into the bladder. I passed a catheter readily into the bladder, secured it with adhesive and obtained drainage in this manner. I incised the abscess and packed the cavity with iodoform gauze. The patient made an uneventful recovery.

The second patient, who was 75 years old and acutely ill, gave a history of urethral trauma, having had a sound passed three days previous to consulting me. His temperature was 103 F. and rapidly rose to 106 F. The pulse rate was 120. There was swelling around the bulbomembranous urethra, and great edema of the scrotum was present. His tongue was dry and he became psychotic and was suburemic. The nonprotein nitrogen determination was 90 mg. per hundred cubic centimeters of blood. He also had acute retention and a false passage in the deep urethra. Under general anesthesia a suprapubic cystotomy was done, gradually decompressing the bladder. I then made multiple incisions first in the perineum and then in the scrotum over the infiltrated areas, but did not open the tunica vaginalis. After ten days I removed the suprapubic tube and attempted to pass a soft and then a natural curved catheter, but met with no success due to the hypertrophied prostate and the pocketing of the deep urethra. I was able to pass a steel sound, brought tip out through the suprapubic wound, and to attach a soft rubber catheter, which I gradually pulled through the urethra. Allowing the tip to lodge in the bladder, I anchored the distal end with adhesive. Subsequent treatments consisted in gradual dilation with sounds and in irrigations of the bladder. The patient made an uneventful recovery.

In the third case the patient, 40 years old, gave a history of difficult urination and had a moderately distended bladder. The entire shaft of the penis was infiltrated and edematous, the scrotum was swollen and thickened, and there was an old sinus tract at the penoscrotal junction. Under spinal anesthesia I bisected the scrotum, did an external urethrotomy, having introduced a Philip's whip and follower as a guide at the outset, and then excised the old fistulous tract. It was necessary to make several incisions in the scrotum over infiltrated areas, bilateral incisions along the shaft of the penis and also a bilateral slit of the prepuce. Subsequent treatments were carried out as in the case described in the preceding paragraph except that a drainage tube was inserted through the urethrotomy wound and anchored in place.

SUMMARY

Early diagnosis and prompt operative procedure securing through and through drainage are advised in cases of genitourinary exravasation.

Judicious choice of the method of diverting the urinary stream is essential. My choice is external urethrotomy in all cases of scrotal phlegmon.

Plastic repair for persistent urinary fistula, restoration of the scrotum and proper replacement of the viscera are important.

Venoclycis should be carried out during the operation and postoperatively to combat dehydration and shock.

Chemotherapy and injection of antianaerobic serum are other valuable measures.

A series of 33 cases is presented.

REFERENCES

1. Wallenstein, S.: Urinary Extravasation at Varying Levels, with Report of 16 Cases, M. J. & Rec. **127**: 525 (May 16) 1928; 592 (June 6) 1928.

2. Campbell, M. F.: Periurethral Phlegmon (Urinary Extravasation); Study of 135 Cases, Surg., Gynec. & Obst. **48**: 382-389 (Mar.) 1929.

401 N. Grandview Ave.

A HISTORY OF MEDICINE IN DUVAL COUNTY

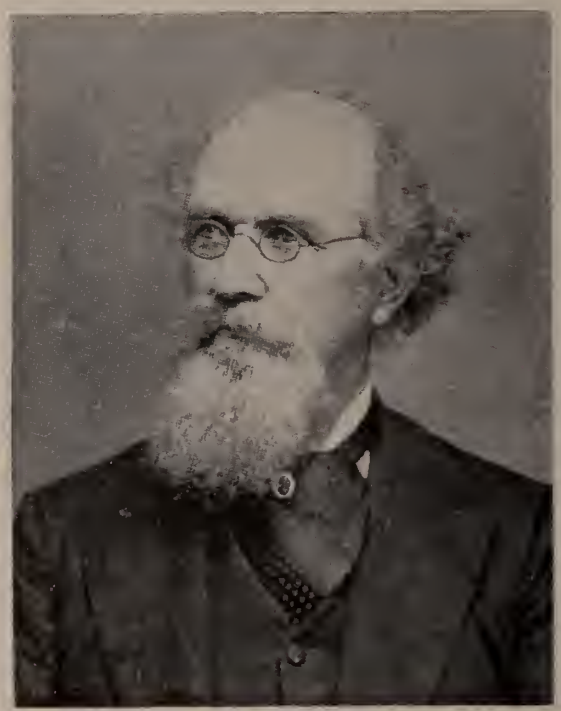
(INSTALLMENT II)

Toward the close of the year 1838, just a little more than six years after Jacksonville received its charter and was incorporated as a town, Dr. A. S. Baldwin arrived in the village to take up the practice of medicine. Before we study Dr. Baldwin's early life, trace the careers of two of his outstanding colleagues and get a glimpse of Jacksonville in the eighteen-forties, however, let us examine briefly the laws regulating the practice of medicine under which the physicians of that day worked.

The records of the Territory of Florida show that the regulation of the practice of medicine engaged the attention of the lawmakers from the very first. One of General Andrew Jackson's last ordinances as Governor of Florida, on September 6, 1821, conferred upon the Board of Health of Pensacola full power to regulate the practice of medicine and grant licenses to physicians to practice. Governor Duval and his "council of thirteen discreet and reputable citizens" in their session of 1824 passed an act which required every person desirous of practicing as a physician or surgeon in the territory to file within the office of the clerk of the county court a diploma granted by some college or university and a certificate of moral character, or in lieu of a diploma, a certificate that the applicant had studied the science of physic or surgery for the term of two years in a college or under some reputable physician or surgeon. Any two judges of the county court then could decide whether the applicant was qualified to practice medicine and could grant a license.[16]

In 1828 an act of council created the first medical board of the territory whose duty it was to hold an examination at Tallahassee once each year "for the convenience of prospective physicians and for the protection of the public." The board was made up of fifteen members three of whom were from Saint Augustine, two from Key West, three from Tallahassee, two from Gadsden County, three from Jackson County and two from Pensacola. In 1831 the Act was repealed and another which was somewhat more lenient was enacted.[17]

It may be surprising to the reader to learn that not one of the Medical Board's fifteen members resided in Duval County; however, this lack of representation on the board will be understood when it is recalled that Duval County had but one physician in 1828, Dr. James Hall, and that he was in his sixty-ninth year. When Dr. Baldwin arrived in Jacksonville ten years later, the struggling little village and the territory for miles around it had no practicing physician whatever.



Dr. Abel Seymour Baldwin

Dr. Abel Seymour Baldwin[18, 19, 20, 21, 22] had been born near Fulton, Oswego County, New York, March 19, 1811, a descendant of the Old English families of Seymour and Baldwin, and a cousin of Horatio Seymour who later became Governor of New York and then Democratic nominee for President of the United States. Orphaned in infancy by the death of his father, Dr. Baldwin had been adopted by an uncle living in Madison County, New York, where for sometime he had been taught by private tutors. Later he had pursued his preparatory studies at the Seminary at Cazenovia and the Polytechnique Institute at Chittenango. In 1830 he had entered the freshman class at Geneva, now Hobart College, and had graduated from there in 1834 with the degrees of B.S. and A.B. Upon completion of his collegiate course he had studied medicine in the office of Dr. Thomas Spencer, a member of the medical faculty of the Geneva School, and after two years had received the appointment of Botan-

Reprinted from the November, 1944, Bulletin of the Duval County Medical Society by permission of Dr. Webster Merritt, author.

ist in the geological survey of Michigan from Dr. Houghton, its chief. Exposure to camp life in Michigan had resulted in an attack of rheumatic fever which had made it impossible for him to continue with the work. Accordingly he had returned to Geneva, New York, had completed his medical studies and had received the degree of A.M. and his medical degree in 1838. Immediately after graduation he had married Miss Eliza Scott of a prominent family in Geneva. The climate in the north had not agreed with him, he had suffered from recurrent attacks of rheumatic fever and the following winter he had left New York for Florida. Dr. Baldwin arrived in Jacksonville with his bride on December 2, 1838.

Dr. Baldwin found here a balmy and salubrious climate which soon restored him to a state of vigorous health. It is true that in 1838-1839 Jacksonville was only a small village with a population of less than 350 inhabitants,[23] but the town was beginning to show signs of increased business activity and more active growth. The Seminole War being waged in Florida at the time (1835-1842) was causing a shift in trade from the interior part of the state to Jacksonville, and people living in the rural districts were moving into the village for protection from hostile Indians. A block house on the northeast corner of Ocean and Monroe Streets, probably built in 1836,[24] was becoming famous and by its unique structure was affording real protection from marauding Indians who were burning and pillaging the countryside. Although Dr. Baldwin became a defender of the state in the Indian War, his major interest during these early years was devoted to the practice of medicine. His professional duties soon became laborious and extensive for he had to make nearly all of his calls on horse back and it was necessary for him to cover a territory in East Florida with a radius of thirty or more miles. This active engagement in the practice of medicine was more than enough to absorb the energy of an ordinary man, but such was his great industry and capacity for work and such was the fertility of his mind and intellect that Dr. Baldwin found time to interest himself in many enterprises which later would make him the outstanding leader and most distinguished citizen of Jacksonville.

It became apparent almost immediately that Dr. Baldwin combined two qualities that were to make him unusual—he was scientific and at the same time practical. Because of his training in botany he understood thoroughly the life and growth of plants. He became an active member of the Saint John's Episcopal Church and for many years was leader of the choir. He played several musical instruments and did fine carving on ivory and wood.

In 1839 Dr. Baldwin began to keep a record of the thermometer readings, to make careful observations of the weather and to study the climate which had restored him to health.[25] His patient, painstaking work in observing accurately and in recording consistently furnished a meteorological record for Jacksonville that is extensive as well as reliable, and later, in 1852 he was made official meteorologist for the Smithsonian Institute in Washington. In still later years studies of the climatology of Florida were based largely upon Dr. Baldwin's records and their publication did much to attract great numbers of tourists to Florida each winter.

During Dr. Baldwin's professional visits up and down the Saint Johns River in the eighteen-forties he began to observe the tides and the currents and to study the bar at the mouth of the river. He became convinced that a small appropriation for closing up the Fort George Inlet would enable the waters of the St. Johns to flow into the ocean with less obstruction and would force a channel deep enough to allow the passage of larger vessels up the river to Jacksonville.[26] Later, in 1852, a public meeting was called, Dr. Baldwin was sent to Washington and he was successful in obtaining the needed appropriation. Thus it was due to Dr. Baldwin's efforts that the first steps were taken to secure the navigation facilities that were to become of inestimable importance to the development of the city. We shall see that Dr. Baldwin never lost interest in this project and that many years later it was he who was largely responsible for the system of jetties at the mouth of the St. Johns River with which all of us are now so familiar.

Sometime between the years of 1842 and 1845, just a few years after the arrival of Dr. Baldwin, Dr. Henry Drayton Holland,[27, 28] a planter as well as a physician, and a typical gentleman of the era, came to Jacksonville to begin the practice of medicine. Dr. Holland had been born in Charleston, South Carolina, August 16, 1806. He had been taught to walk by a remarkable negro woman named Dolly. In 1810 when her age was believed to be 73, Dr. Holland's father had presented Dolly with her freedom papers because of

long and faithful service. Following this Dolly had remained with the family through the years and had survived the loss of the father and mother as well as eight brothers and seven sisters of Dr. Holland. In 1850 when her age was asserted to be 113, she was acting as a servant in Dr. Holland's home and was well known for her clearness of thought and her ability as a cook. Dolly vowed that she could remember clearly the exploits of Colonel Washington, the defeat of General Braddock and the capture of Ticonderoga.[29]

Dr. Holland had moved to Savannah, Georgia, when still a youth, had returned to Charleston to study medicine and had graduated from the Medical College of the State of South Carolina in 1830. He had married Miss Esther Ann Berrie of Camden County, Georgia, near Brunswick, in 1831 and sometime prior to 1837 had moved to Mulberry Grove[30] at Black Point on the Saint Johns River, about seven miles south of Jacksonville. Black Point is the present site of the Naval Air Station. On arrival at Jacksonville, a few years later, Dr. Holland made his home on Adams Street between Laura and Hogan but this was beyond the outskirts of the settlement and soon he moved downtown to the northwest corner of Forsyth and Newnan. His stables faced on the Forsyth Street side and his office on Newnan.[32] It was here, in Dr. Holland's office, that our own Dr. Richard P. Daniel studied medicine before going away in 1848 to attend the Medical College of South Carolina in Charleston.

Dr. Holland found time to take an active part in community affairs and it soon became apparent that he was a public spirited citizen as well as a good physician. Florida was admitted into the Union as a state on June 25, 1845 but it was not until 1846 that Jacksonville and Duval County had their first gala Fourth of July celebration. The committee in charge of arrangements for the celebration was made up of prominent citizens and Dr. Holland's name headed the list.[31] Later, we shall see that Dr. Holland became Intendant (Mayor) of Jacksonville and instituted public health measures of great importance to the town.

In 1848 another prominent physician, Dr. Charles Byrne,[32, 33, 34] an editor and builder, came to Jacksonville to practice medicine. Dr. Byrne had been born in Wicklow, Ireland, but at the age of thirteen he had come to this country with his father's family and had settled near Baltimore where he had received his undergraduate education and his degree in medicine. He had begun to practice in Baltimore and soon thereafter had been married. A few years later his wife had died leaving him with three small children. In 1838 he had moved to Florida, had settled at Saint Augustine and had served as a surgeon in the Indian War. Several years later he had purchased a fine orange grove and farm beautifully situated on the Saint Johns River at the mouth of Julington Creek about two miles from the Post Office at Mandarin. There for a few years he had lived on the plantation with his family but in 1848, having recognized the advantages for development which Jacksonville offered, he began the practice of medicine here and made this city his home. He entered into partnership with Dr. Baldwin for the practice of medicine—an association which was not terminated until his death in 1853.[35]

Dr. Byrne had an active mind and was able to express himself well. About 1851 he took over the editorial management of the Florida News which was the Democratic mouth-piece for East Florida. Mr. Columbus Drew was the editor of The Florida Republican at that time, which was strongly pro-Whig in sentiment. Jacksonville thus had two of the best newspapers and two of the best editors in the state each of whom had strongly divergent political views. A spirited if not sensational political war ensued but the editors were both men of high type and their war was conducted on a relatively high plane. It can be said of Dr. Byrne that although he was firm in the support of his convictions there was a vein of humor flowing through his discourse which was calculated to dispel all feeling of bitterness and on analyiss was unmistakable evidence that he had a kind heart.

In the early eighteen-fifties Dr. Byrne built a fine block of stores on Bay Street, between Market and Newnan, in downtown Jacksonville which was known as the Byrne Building.

On March 1, 1853, Dr. Byrne boarded the steamer Carolina for a trip north. He was said to have been in robust health and showed his usual buoyant spirit. After a few hours he became seasick, began to retch and died very suddenly as the result of a cerebral hemorrhage. His body was taken to Charleston where services were held and then was brought to Jacksonville for burial on March 8. Mr. Columbus Drew on March 10, 1853, wrote: "Dr. Byrne was a man of generous feeling and social disposition. He was valued as one [of] the best medical practitioners in this part of the state. He had conducted the editorial

department of The News for a year or two past [and showed unusual] vigor and ability as a writer.[36]

It is fascinating to visualize Jacksonville during these early years and to examine some of the more interesting aspects of its physical make-up. In the eighteen-forties Dr. Baldwin had his home and office on the north side of Bay Street, just west of Pine[37] (now Main). His property bordering on Pine was a garden consisting of low ground, much in need of drainage. Actually the river marsh extended up Pine Street as far as Forsyth where a bridge or causeway was built across its border. North of this, Pine was impassable—a quagmire which could not be crossed until Duval Street had been reached. Here at the intersection of Pine and Duval there was a bridge consisting of "dune sands" which had been blown there at some remote period. North of Duval Street was low ground covered by several acres of water familiarly referred to as "the pond."[38] Upon this little body of water many old residents had hunted successfully for duck.[39] The dune sands at Pine and Duval closed the natural outlet of the pond, but water was continually percolating through it, and south of the ridge a surface stream could be seen flowing along Pine on its course toward the river. In 1847 the city council was induced, probably by Dr. Baldwin, to dig a ditch and extend it from the pond through the dune sand along Pine Street to the south border of Forsyth where it would empty through several tributary ditches into the river marsh. To the surprise of many the pond which had hitherto been considered a permanent body of water was drained so that it soon became covered with a luxuriant growth of grass which made a fine pasture for cattle. As long as the ditches at the foot of Pine Street were kept open no water stood in the pasture but when the ditches became obstructed the pond again made its appearance.[38]

A graphic picture of Jacksonville at mid century is contained in a letter written on Christmas Day, 1849, by William J. L'Engle, then a boy of seventeen, who later was to study medicine and to practice for a short time in Jacksonville. William L'Engle wrote in the letter to his Aunt Leonis: ". . . My head is full of a little incident that befell me last night. I can think of nothing else so I must tell it to you. While returning from Mr. Bryant's in company with Mr. Drew, where we had been practicing the Anthems, for Christmas, we encountered, what do you think? A huge black bear just at Mr. Reed's corner, as we turned to cross the bridge, at the causeway [Main and Forsyth]. I was not ten feet from the fellow's nose. I happened to be walking with Father's sword cane and I drew it and pursued him, but Master Bruin was too quick for me. He took to his heels, down the side walk and ran up against Cyrus Bisbee, who was coming, and scared him half to death. We followed him until he got into the bushes back of the town."[40]

Until the next issue we leave Jacksonville at the turn of the eighteen-fifties. During the next decade four epidemics of disease will occur and The Duval County Medical Society, the first in the state, will be founded.

BIBLIOGRAPHY

16. Memoirs of Florida. Vol. II, R. H. Rerick, 1902.

17. The Story of Florida, Vol. II, W. T. Cash, 1938.

18. The Book of Jacksonville, S. Paul Brown, 1895.

19. The Florida Times-Union, December 9, 1898.

20. History of Early Jacksonville, Florida, T. Frederick Davis, 1911.

21. Jacksonville, The Metropolis of Florida, James Esgate, 1885.

22. Memoirs of Florida, Vol. II, R. H. Rerick, 1902.

23. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, 1925, P. 500.

24. Ibid., P. 77.

25. The Florida Republican, November 2, 1854. Library of Congress.

26. Improvement of Saint Johns Bar, A. S. Baldwin, Florida Republican, April 29, 1852 Library of Congress.

27. Mrs. J. H. Burroughs, Jacksonville, Florida. Interview, August 7, 1944.

28. Memoirs of Florida, R. H. Rerick, 1902.

29. Editorial, Florida Republican, June 20, 1850. Library of Congress.

30. Inventory of The Miscellaneous File of Court Papers, Saint Johns Court, Florida, Vol. II, P-Z. Florida Historical Records Survey, Jacksonville, Florida, 1940. Library of The Florida Historical Society, Saint Augustine, Florida.

31. The News, Jacksonville, Florida, June 26, 1846. Library of Congress.

32. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, 1925.

33. Memoirs of Florida, R. H. Rerick, 1902.

34. Obituary by A. S. Baldwin, The Florida News, March 12, 1853. Library of Congress.

35. Florida News, May 21, 1853. Library of Congress.

36. Florida Republican, March 10, 1853. Library of Congress.

37. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, 1925.

38. Report of Health Committee, by A. S. Baldwin, Daily Sun and Press, December 5, 1877. The Florida Times-Union Archives.

39. Editorial, The Daily Sun and Press, April 20, 1878, The Florida Times-Union Archives.

40. Letter from William Johnson L'Engle to his father's sister, Leonis L'Engle. Original in the possession of Mrs. C. W. Camp. Copy furnished author by Mr. Richard P. Daniel.

The author would like to take this means of thanking Dr. Edward Jelks and Mr. T. Frederick Davis for their generous help in the preparation of this manuscript.

ABSTRACTS OF MEDICAL ARTICLES

INFECTION OF THE NOSE AND THROAT CAUSED BY PNEUMOCOCCI OF TYPE III, KNAUER, WILLIAM JEROME, JACKSONVILLE, ARCH. OTOLARYNG. **39**: 319-322 (APR.) 1944.

The bare mention in textbooks and the dearth of reports of cases indicate the rarity of lesions of the nose and throat characterized by pseudomembrane and caused by pneumococci of type III. The author reports 2 cases of infection with this micro-organism, in both of which the onset was sudden. In 1 case the nose, pharynx, soft palate and tongue were affected, and in the other the pharynx and soft palate were involved. Pneumonia was a complication in both cases, and in the first case nephritis also occurred as a complication. The pale white exudative pseudomembranous formation observed in these cases did not resemble the membrane observed in Vincent's angina, diphtheria and streptococcic infection, and it had no odor, but bleeding followed its removal. From specimens taken for culture, pure cultures of type III pneumococci were grown.

In both cases extreme toxicity was present from the onset of the infection. The slightest disturbance caused the patients to become greatly upset, to exhibit pallor, to have an increased pulse rate and to enter a state bordering on shock. Although coherent in speech, they had no recollection of what went on around them while the infection was at its height and later did not recall their suffering.

In treatment, sulfapyridine proved efficacious and is believed to have averted a fatal termination in both cases. Antiseptic gargles and the application of a mild solution of silver nitrate seemed to provide helpful local treatment.

The author suggests that in some fatal cases diagnosed as diphtheria, in which a membranous condition of the throat is present with cultures failing to reveal the organisms for this disease, the infection may actually be caused by the type III pneumococcus. He advises early and careful examination of cultures by a competent bacteriologist and also immediate hospitalization and isolation of the patient. He stresses careful nursing and attention to the minutest detail as essential in saving the life of the patient and advocates employment of a skilled internist to direct the general treatment and guard the welfare of the patient in general throughout the course of the disease. Whether or not the complication of pneumonia could have been prevented in the cases reported he regards as problematical.

ADENOCARCINOMA ORIGINATING FROM ABERRANT TISSUE IN THE GINGIVA; REPORT OF A CASE, LOEB, MARTIN J., NEW YORK, J. ORAL SURG. **1**: 347-351 (OCT.) 1943.

In the case reported the patient complained of a painful swelling on the upper jaw in the region of the molars on the left side, first noted six years previously. Extraction of certain teeth without relief of symptoms had been followed by scraping of the bone, which resulted in some improvement. Intermittent pains, starting in the left maxilla and radiating to the left side of the forehead and occasionally to the left side of the neck, persisted, but at no time was there fever or discharge.

Oral examination revealed a growth on the gingiva in the region of the molars on the left side extending backward and inward over the hard palate. Roentgen studies demonstrated the presence of a cystic formation of the bone resembling a neoplasm in the region of the floor of the antrum and extending to the alveolar process.

At operation, an encapsulated adenocarcinoma, lying within the layers of the gingiva and growing into the bony structure, was removed. The operative procedure is described and illustrated. The comparatively simple operation, performed entirely from within the oral cavity, was followed by a course of roentgen therapy. During the six years that have elapsed since the operation, the patient has remained well.

Diagnosis was confirmed by pathologic and microscopic examination. Since no glandular epithelium covers the surface of the gingivae, carcinoma must perforce originate either in aberrant glandular tissue located in the gingiva, or by extension from glandular tissue covering nearby structures, the nearest being the maxillary sinus. In this case, it was noted at operation that the sinus was free from carcinomatous growth. It follows that the adenocarcinoma must have had its origin in aberrant tissue located in the gingiva.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alpred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Council C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B-46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
Edward Jelks, M.D., Delegate.....*Jacksonville*
Meredith Mallory, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
HOMER L. PEARSON, M.D.....*Miami*

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
WEBSTER MERRITT, M.D.....*Jacksonville*
FRANK C. METZGER, M.D.....*Tampa*
LLOYD J. NETTO, M.D.....*West Palm Beach*
RALPH SAPPENFIELD, MAJOR (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
HOMER L. PEARSON, M.D., Chairman.....*Miami*
ARTHUR L. WALTERS, M.D.....*Miami Beach*
HERMAN WATSON, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....*Jacksonville*
JOSEPH C. FLYNN, M.D.....*Tampa*
THEODORE F. HAHN, M.D.....*DeLand*

Board of Past Presidents

H. MARSHALL TAYLOR, M.D., 1923, Chm.....*Jacksonville*
WALTER C. JONES, M.D., 1941, Secy.....*Miami*
ROBERT H. MCGINNIS, M.D., 1915.....*Jacksonville*
FREDERICK J. WALTER, M.D., 1918.....*San Diego, Calif.*
WILLIAM E. ROSS, M.D., 1919.....*Jacksonville*
JOHN C. VINSON, M.D., 1924.....*Tampa*
JOHN S. MCEWAN, M.D., 1925.....*Orlando*
H. MASON SMITH, M.D., 1926.....*Tampa*
JOHN A. SIMMONS, M.D., 1927.....*Arcadia*
FREDERICK J. WAAS, M.D., 1928.....*Jacksonville*
HENRY C. DOZIER, M.D., 1929.....*Ocala*
JULIUS C. DAVIS, M.D., 1930.....*Quincy*
GERRY R. HOLDEN, M.D., 1932.....*Jacksonville*
WILLIAM M. ROWLETT, M.D., 1933.....*Tampa*
HOMER L. PEARSON, M.D., 1934.....*Miami*
HERBERT L. BRYANS, M.D., 1935.....*Pensacola*
ORION O. FEASTER, M.D., 1936.....*St. Petersburg*
EDWARD JELKS, M.D., 1937.....*Jacksonville*
W. HENRY SPIERS, M.D., 1938.....*Orlando*
LEIGH F. ROBINSON, M.D., 1939.....*Ft. Lauderdale*
J. SAM TURBERVILLE, M.D., 1940.....*Century*
GILBERT S. OSINCUP, M.D., 1942.....*Orlando*
EUGENE G. PEEK, M.D., 1943.....*Ocala*

THE FUNCTION OF THE JOURNAL

The annual conference of the editors and secretaries of the various state medical associations was held in Chicago, November 17 and 18, 1944. The Florida Association was represented by Robert McIver, Secretary; Stewart Thompson, Managing Director, and the Editor of the Journal.

Aside from the good fellowship one has at these meetings, a great deal of information is obtained relative to the activities of the A. M. A. and many helpful suggestions received as to how a state journal should be edited and managed.

Among the many interesting topics discussed were postwar planning for our returning members; the work of the Bureau of Information, established by the home office; medical and hospital service plans; physical fitness programs and, of course, socialized medicine. It will be our endeavor to discuss these topics more at length and separately in the editorial pages of this Journal at a later date because we are certain that the membership of the State Association should be better acquainted with the activities of the A. M. A.

For many years it was felt that the state journals should present only matters of scientific interest to its readers. It is the opinion of many of us now, however, that the Journal of the A. M. A. and the many specialty journals serve this purpose and that the primary function of the state journals is not to present purely scientific material but rather publish articles and editorials of other than scientific interest, such as certain political trends of interest to our membership, information concerning the various phases of Association activities both state and national, local items of interest relating to our immediate membership and matters pertaining to the economic situation of our Association. These are matters which never grow old—and matters in which we are ever interested. It is our opinion that we must make the Journal a publication which you will look forward to receiving with an anticipation of pleasure rather than as something which can immediately be piled in the wastepaper basket.

It must be borne in mind, also, that it is the duty of the membership as a whole to make the Journal readable, and if you do not approve of your Journal, it is probably your fault as much as the fault of others that it does not meet your standards.

So with the beginning of a new year, let us resolve to make some contribution to our Journal which will lift it a little higher, and we are certain with your help our Journal will meet with your approval.—H.L.P.

FROM MY POINT OF VIEW

The time was 4:30 p.m. My patience was at a low ebb. The number of my patients was not. My slave driver, officially known as my secretary, ushered in a vivacious, enthusiastic person of some 30 years of age. If there is one thing which makes me cringe it is enthusiasm at four-thirty in the afternoon. The patient laid several books on my desk. I glanced at the titles, and moaned, "Deliver me!" One was a text on allergy, and I knew I was in for a bad half hour.

Sure enough, as the enthusiastic lady proceeded, despite my attempts to interrupt, she told

me not only about the causes of her asthma and hay fever, but all about the factors pertaining to allergy in general. The fact that 90 per cent of her deductions were incorrect did not alter the situation. Who am I to argue? I have only practiced allergy, exclusively, for fifteen years.

The patient, I gathered, was a school teacher. She was digging a hole, and I proceeded to help her do so, intending to pull the hole in on top of her. Thus, when she paused from sheer exhaustion, I picked up one of her other books. It was a book on calculus. I said, "So you are a mathematician; I doff my hat to you. I never could understand mathematics." Quickly came the reply. "Doctor, that is the fault of your teachers. If you had been taught the basic principles, simple arithmetic, then algebra, and on up, you could then understand calculus."

"Oh, I see your point; and do you think the same procedure is necessary in studying other sciences such as chemistry, physics, or botany?"

"Surely," she replied, "the principle applies everywhere."

I pulled the pin out of the hand grenade. "If that is true, and I surely agree with you, how then do you expect to understand a book on allergy when you have never been taught the basic sciences of chemistry, physiology, anatomy, and bacteriology."

"Oh," she replied, "that is different. Everyone knows about his own body." That grenade was a dud.

Of course it isn't "different." Books on surgery, internal medicine, obstetrics, or allergy are the "calculus" of the science of medicine.

It seems to me that this story illustrates a glaring error in our present method of medical education for the public. The big majority of articles dealing with medical subjects published in the lay press contain the truth, the whole truth, and nothing but the truth, and are usually presented in simple terms, i.e., simple to the man who possesses the basic knowledge necessary to see and understand the truth in its entirety. But we must admit that the lay reader guides his actions, not by the scientific truth contained therein, but by his *interpretation* of the facts presented and this interpretation is bound by his own narrow horizon of personal observation and experience.

The number of flowering trees and shrubs, rose bushes and fruit trees which have been destroyed is enormous, even though the article they read said, "Pollens are amongst the causes of hay fever. The pollen of the flowering shrubs, since these plants are insect pollinated, rarely enters the picture."

In spite of the fact that the text books they read invariably stress the fact that people differ in their sensitivities to different foods, the lay students frequently demand of me my "asthma and hay fever diet," and intimate that "all that testing" isn't necessary. I am sure that all M.D.'s have had this experience. I wonder if it is possible to write an article on a medical subject and use words and phrases which cannot be misunderstood by those not educated in basic sciences. My own experience leads me to answer that question in the negative.

People also get the idea that they possess full knowledge about the treatment of a disease from reading or hearing some of the remarkable results radio announcers emit at regular intervals. The formula seems to be that the more enthusiasm shown, and the more convincing the manner in which the facts and the semifacts are presented, the better and higher paid the announcer. The same formula seems to apply to medical articles written for the consumption of the lay reader. So the reader and listener is metamorphosed into a doctor giving advice and remedies freely, to himself and to everyone else in the community. For this advice he or she charges nothing which is exactly what it is worth.

The next step, of course, is to attempt to carry that semi-knowledge into his physician's office, and use it to interpret the doctor's diagnosis and treatment.

I think it behooves us to stop and take stock of the results of any given procedure after years of following such a line. Personally I am far from convinced that the good results of the medical educational program which is being followed outweigh the harmful effects. The harmful effects are due mainly to the fact that a knowledge of basic principles *is* a necessity before facts based upon them can be properly understood. This principle applies to almost every branch of science and, notwithstanding the lady's "opinion," the science of the healing art is no exception.

Frank C. Metzger, M. D.

A. M. A. ANNUAL SESSION IN PHILADELPHIA

The Ninety-Fifth Annual Session of the American Medical Association will be held in Philadelphia June 18 to 22, 1945. This session was originally scheduled to be held in New York June 11 to 15, but because of untoward conditions growing out of the war emergency it was found that needed facilities would not be available in that city.

Because of the tremendous demands on the hotels for rooms, physicians are asked to cooperate by refraining from making a reservation in more than one hotel, also by limiting their reservations to the minimum amount of space that they need to occupy. Physicians are asked to share accommodations by utilizing a double room with another physician whenever that is convenient.

PENSACOLA SURVIVAL EXPOSITION

A Survival Exposition, a permanent instruction exhibit providing graphic illustrations of survival afloat and ashore, was opened recently at the Naval Air Station, Pensacola, Fla. The exhibit contains equipment developed under auspices of the Naval Medical Research Institute, National Research Council and other member agencies of the Air-Sea Rescue Agency. It will be used as regular instruction material for ground training at the station. The exhibits begin with the "ditching" of a stricken plane by the pilot and crew, and carry the visitor progressively through the ordeal of being adrift on rough seas in rubber life rafts, planning salvation in polar or tropical regions and setting up temporary camp while awaiting rescue. Life size manikins demonstrate how the aviator's survival paraphernalia, together with the natural means of protection to be found in various regions, can best be used for survival.

In the "Afloat" room the pilot and crew are shown adrift in rubber life rafts, employing the survival kits which are a part of the equipment of all naval aviators. Around the walls of the room are shown the individual parts of the kit. Birds, found at varying distances from shore, are flown overhead, and, in the ceiling, pinpoint lights depict the constellations of the stars that can be used as navigational fixes.

(J.A.M.A., Dec. 2, 1944).

ARMY AWARDS AND COMMENDATIONS

MAJOR JAMES P. HARMON

Major James P. Harmon, formerly of Clearwater, has been awarded the Purple Heart and Silver Star for his participation in the invasion of France. The citation for the Silver Star awarded said, in part: "Major Harmon, wounded by schrapnel and suffering a dislocated shoulder sustained while seeking cover on a beachhead of France in June 1944, assembled his medical section and led it to an inland location where necessary first aid could be administered to the wounded. With utter disregard for his personal injuries and with outstanding devotion to duty, he refused medical treatment until such time as the wounded who had been brought to his aid station had all been treated and made as comfortable as possible. Major Harmon conducted himself with such gallantry and with such skill, expediency and efficiency as to reflect the highest credit on the Medical Department of the Army." Dr. Harmon graduated from the University of Tennessee College of Medicine, Memphis, in 1938 and entered the service in November 1940.

CAPTAIN H. GERALD MORIN

Capt. H. Gerald Morin, formerly of St. Petersburg, has been awarded the Bronze Star of meritorious service in France. Gordon Grant, war correspondent for the Tampa Morning Tribune, who was present at the ceremony, reported in part as follows:

Capt. Morin and a small detachment of physicians were left at one point in France to give treatment to a trainload of German troops, who had surrendered after their train had been hit. The detachment was to join the rest of the battalion at a town called Pont Darcy which was its next objective.

A day or so later, when the wounded men had been cared for, Morin and his men started out for Pont Darcy. They came to the Aisne river, but the bridge had been blown so they got across in rowboats. They came to a little town where the inhabitants told them they were the first Americans to cross the river or enter the town; they were still in enemy territory. Word was received, however, that 59 Jerries in town wanted to surrender, and the following morning the surrender took place.

Morin's detachment with its prisoners proceeded to Pont Darcy. Here, too, they were the first Americans to reach the town, beating the battalion by a couple of hours. The French

SMOOTHAGE

MODERN CONCEPT IN THE TREATMENT OF CONSTIPATION



METAMUCIL

Metamucil softens the fecal residue, protects intestinal mucosa and exerts a gentle, stimulating, physiologic peristalsis.

Metamucil is the highly refined non-irritating extract of a seed of the psyllium group, Plantago ovata (50%), combined with dextrose (50%).

Metamucil mixes readily with liquids—is pleasantly palatable.

Supplied in 1-lb., 8-oz. and 4-oz. containers.

G. D. Searle & Co., Chicago 80, Illinois.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Metamucil is the registered trademark of G. D. Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

thought they had been liberated so they began ringing church bells. Eleven more Germans in the woods nearby heard the bells and sent word they wanted to surrender, so when the battalion reached the town, Morin and his little gang were waiting there for them with 70 prisoners.

DEATHS

Dr. Albert J. Bertram of Miami died on November 4.

STATE NEWS ITEMS

President Boling announces the appointment of Dr. W. McL. Shaw as a member of the special committee for the study of prepaid hospital and medical care, to succeed Dr. J. C. Dickinson who resigned. The committee is now composed of Dr. Leigh F. Robinson, Dr. Edward Jelks, Dr. Walter Jones, Dr. L. Y. Dyrenforth and Dr. W. McL. Shaw

Col. N. W. Gable, Jr., St. Petersburg, overseas for the past year, is an army surgeon with the Y-force in China. His work, which won for him a Chinese citation less than a year ago, includes training Chinese medical officers in American methods of hospitalization and treatment, according to the St. Petersburg Times.

Dr. Gilbert S. Osincup, Orlando, Lt. Col. U. S. Public Health Service, is attached to the UNRRA and stationed in Athens, Greece In describing his recent move from Cairo to Athens aboard a Greek cruiser, Col. Osincup reported they were greeted everywhere by cheering, weeping people, many of whom were made doubly happy at finding husbands and sons in the crew. On all sides were signs reading, "Welcome Allies." The group was escorted to a reception for the governor at the Acropolis, where the Greek flag was again raised by the Prime Minister. Col. Osincup said he was sure that this ancient structure had not seen such rejoicing since its dedication, according to the Orlando Reporter-Star.

The State Board of Medical Examiners held a two day session in Jacksonville November 20 and 21. Dr. Howard G. Holland of Leesburg is president of the board, and Dr. Harold D. Van Schaick, Miami, is the secretary-treasurer. Dr. J. C. Davis, Quincy, was named vice-president of the board to succeed Dr. Carl Williams of St. Petersburg, who was elected but resigned.

About 57 applicants took the test for licenses to practice medicine in Florida. Dr. Van Schaick, the secretary, has advised that results of the examination probably will not be ready for announcement before six weeks.

The subjects and members of the board in charge of each test were:

"Applied Anatomy," conducted by Dr. Frank D. Gray of Orlando; "Hygiene," Dr. G. S. McClellan of Pompano; "Surgery," Dr. J. C. Davis of Quincy; "Gynecology," Dr. Homer L. Pearson of Miami; "Obstetrics," Dr. Joseph B. Kollar of Vero Beach; "Medical Jurisprudence," Dr. Holland; "Therapeutics," Dr. Robert G. Nelson of Tampa; "Surgical Pathology," Dr. I. W. Chandler of Avon Park; "Diagnosis," Dr. Van Schaick, and "Practice of Medicine," Dr. S. G. Hollingsworth of Bradenton.

Dr. J. G. Gilchrist, Bartow, has purchased an office building at 380 South Florida Avenue and has moved his equipment to the new location.

Dr. Herbert L. Bryans, Pensacola, was elected chairman of the Medical Advisory Committee of the State Rehabilitation Service at its organizational meeting held in Jacksonville November 20. Other members of the committee are: Dr. Frank L. Fort and Dr. Henry Hanson, Jacksonville; Dr. James L. Anderson, Miami, and Dr. R. D. Thompson, of Orlando.

Dr Henry L. Tippins, Miami, spent the month of October and part of November at the Children's Memorial Hospital, Chicago, taking postgraduate work in pediatrics.

Dr. Harrison A. Walker of Miami announces the opening of his new offices in the Venetian Building, 511 N. E. Fifteenth Street (Venetian Way).

Dr. H. B. Oertel, formerly with the Florida State Hospital, has accepted a position on the staff of the Essex County Hospital at Verona, N. J.

Dr. Walter C. Jones of Miami was elected chairman of the Council of the Southern Medical Association at the annual convention held in St. Louis during November.



Growing Use of

CORAMINE

(ORAL)

Since the efficacy of orally administered CORAMINE* (pyridine-beta-carboxylic acid diethylamide) in dyspnea of cardiac and pulmonary origin was first shown a decade ago, its clinical use has steadily expanded.

CORAMINE Liquid for oral use is available in bottles of 15 cc. (½ fl. oz.), 45 cc. (1½ fl. oz.) and 90 cc. (3 fl. oz.).

Dosage: 2-3 cc. from 3 to 8 times daily.

*Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

IN CANADA—CIBA COMPANY LIMITED, MONTREAL

At the meeting of the Southern Medical Association in St. Louis, November 14 to 16, the following members from Florida were in attendance: J. K. Turberville, Century; James F. Lyons, Coral Gables; George A. Dame, Luther W. Holloway, Victor A. Hughes, Robert B. McIver, Leo B. Provinsky, Jacksonville; W. C. Thomas, Gainesville; D. A. McKinnon, Marianna; Walter C. Jones, Carlos P. Lamar, John D. Milton, Samuel W. Page, Jr., Edwin P. Preston, H. L. Tippins, Miami; George L. Cook, Tampa; Lloyd J. Netto, Edgar W. Stephen, Harry A. Wakefield, West Palm Beach.

The following initiates from Florida were accepted into Fellowship of the American College of Surgeons in 1944: F. Leslie Snyder, Hollywood; Edward Canipelli, M. Hayne Hendrick, Jacksonville; Andrew G. Brown, Richard M. Fleming, J. Raymond Graves, Miami; Carl S. McLemore, Miami Beach; Phillip M. Bichard, Orlando; George W. Morse, Pensacola.

Dr. R. R. Sullivan, Lakeland, closed his offices on November 30 and expects to retire from the practice of medicine. He has practiced medicine for fifty-two years, thirty-three of which were spent in Lakeland. A native of Texas, he was graduated from the medical school at the University of Louisiana in 1892.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101

J. K. ATTWOOD, Pharmacist

Medical Arts Building

1022 Park Street

JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS

STAINS (MICROSCOPIC)

PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

COMPONENT COUNTY SOCIETIES

DUVAL

The regular meeting of this society was held November 7 at the Seminole Hotel. President J. G. Lyerly presided.

Dr. Francis Copp, chairman of the program committee, introduced Dr. Nelson A. Murray, who presented an excellent paper on "Diagnosis of Peripheral Lymphadenopathy," which was illustrated with lantern slides.

The secretary read resolutions on the death of Dr. D. C. Thompson, which had been drawn up by the Fraternal Relations Committee.

A letter from Dr. W. W. Rogers, City Health Officer, was read, requesting that the doctors cooperate with him by reporting all cases of typhus fever. Dr. Rogers is making a survey of typhus fever in Jacksonville.

President Lyerly announced that at the next meeting the annual election of officers would be held, and requested that chairmen of standing committees be prepared to present their annual reports.

Dr. J. A. Beals was given a hearty vote of thanks for furnishing refreshments.

HILLSBOROUGH

At the December meeting of this society, the following officers were elected for 1945: president, Dr. Edward Smoak; vice president, Dr. H. M. Cook; secretary-treasurer, Dr. Charles M. Gray. Named as delegates to the annual convention of the State Association were Drs. W. M. Rowlett, A. M. Bidwell, W. C. Blake, H. B. Lott and J. W. Taylor.

LEE

The Lee County Medical Society is the first society to pay 100% of its dues for 1945. Congratulations! The new officers of this society, elected at a meeting held at the Lee Memorial Hospital, Ft. Myers, on December 12, are: president, Dr. C. Gordon Merrick; vice president, Dr. Ernest Bostelman; secretary-treasurer. Dr. W. A. Harrison. Dr. H. Q. Jones was elected delegate and Dr. W. H. Grace was named alternate.

MARION

Owing to the hurricane of October 19, the Marion County Medical Society postponed its regular monthly meeting until the following Thursday, when 10 members sat down to luncheon at the Hotel Harrington, Ocala. Dr. Henry C. Dozier, Life Member, was a welcome attend-



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA
Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist
4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas

Tampa JACKSONVILLE Miami

SURGICAL SUPPLY COMPANY

T. EMMETT ANDERSON, Pres. & Gen. Mgr.

We have large stocks at three strategically located points in Florida from which we give your orders the best of attention.

DOCTORS OF THE MIAMI AREA are invited to visit our enlarged store at 201 S.E. 1st Ave. (one block behind the Huntington Bldg. and turn right one block).

Larger and more complete display of merchandise for you to choose from at all three stores.

Orders Received in the Morning Shipped the Same Day

Cook County
Graduate School of Medicine
(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting January 15, 1945, and every two weeks during the year.

GYNECOLOGY—Two Weeks Intensive Course starting February 26, 1945.

OBSTETRICS—Two Weeks Intensive Course starting February 12, 1945.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

ant after a summer spent in Hendersonville, N. C. Dr. Claude L. Carter of Inverness extended an invitation to the members to an oyster supper some time in November in Crystal River. The secretary was instructed to accept with thanks. It was voted to change the society's meeting date from the third Thursday to the third Wednesday of each month.

PINELLAS

The regular dinner meeting of this society was held at the Detroit Hotel, December 1. President A. J. Bieker called the meeting to order and introduced the guests present. Dr. C. V. Russell of Lansing, Michigan, and Dr. E. Bryant Woods of Tampa were welcomed. During the meeting Dr. N. M. Marr unexpectedly entered the room in the uniform of a Naval Commander.

The gavel was turned over to Dr. A. M. Feaster, who presided at the scientific session. Dr. Elmer B. Campbell presented a paper on "Gallbladder Diseases as Related to Anatomical and Physiological Abnormalities." This interesting paper was discussed by Drs. Franckle, O. O. Feaster, Kumm, Smiseth, Wade and Horne.

Dr. H. M. Rogers presented a case of "Primary Splenic Neutropenia" with lantern slide illustrations. Those taking part in the discussion were Drs. Anderson, Solomon, Weller and Knowlton. Dr. Rogers' paper was also very interesting.

POLK

The Polk County Medical Society held its regular meeting Wednesday, November 8, at Bartow. The guest speaker was Lt. Col. Hrolfe Ziegler, surgeon at Drew Field, Tampa. His subject was "Surgery of the Hand." Col. Ziegler, who is consultant surgeon for the southeastern air forces training command, was a member of the staff at the University of Rochester medical school before entering military service.

Dr. Lawrence M. Zell, director of the Polk County Health Unit, was present and outlined tentative plans for clinics in the county.

Dr. F. W. Peacock, president of the society, was toastmaster at the dinner meeting which was held in the Masonic Hall. Members of the Woman's Auxiliary to the society attended the dinner with the doctors and retired for their business meeting later in the new offices of Dr. J. G. Gilchrist.

A SERVICE DESIGNED FOR 1945's *Professional* NEEDS



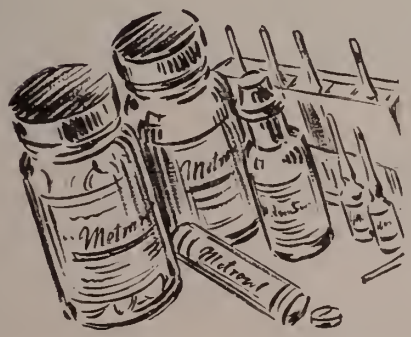
To each patient's visual needs, you devote the full benefit of your experience and professional skill. Whatever type of correction your analysis reveals as necessary, you want to feel complete confidence in the eyewear made to your prescription. By using our service, you get that assurance. Quality Bausch & Lomb products finished by our skilled craftsmen guarantee you and your patient the finest in eyewear.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

Metrazol *- Powerful, Quick Acting Central Stimulant*

COUNCIL ACCEPTED

ORALLY - for respiratory and circulatory support
BY INJECTION - for resuscitation in the emergency



INJECT 1 to 3 cc. Metrazol as a restorative in circulatory and respiratory failure, in barbiturate or morphine poisoning and in asphyxia. PRESCRIBE 1 to 3 tablets, or 15 to 45 minims oral solution, as a sustaining agent in pneumonia and congestive heart failure.

AMPULES - 1 and 3 cc. (each cc. contains 1½ grains.)
TABLETS - 1½ grains.
ORAL SOLUTION - (10% aqueous solution.)

Metrazol, brand of pentamethylentetrazol, Trade Mark reg. U. S. Pat. Off.

Bilhuber-Knoll Corp. Orange, N. J.

CONVENTION PRESS

218 WEST CHURCH STREET

JACKSONVILLE

FLORIDA

Commercial and
Publication
Printing



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. W. C. Williams, President.....*West Palm Beach*
Mrs. P. J. Manson, First Vice President.....*Miami*
Mrs. J. E. Maines, Second Vice President....*Gainesville*
Mrs. J. W. Hayes, Secy.-Treas.....*Jacksonville*
Mrs. Leigh F. Robinson, Historian.....*Ft. Lauderdale*
Mrs. F. W. Krueger, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

Mrs S. M. Copeland, Press & Publicity.....*Jacksonville*
Mrs. Rupert Stovall, Public Relations..*Ft. Lauderdale*
Mrs. C. H. Murphy, Finance.....*Bartow*
Mrs. Charles F. Henley, Legislation.....*Jacksonville*
Mrs. George C. Tillman, Student Loan.....*Gainesville*
Mrs. W. J. Barge, Archives.....*Miami*
Mrs. H. A. Leavitt, Exhibit.....*Miami*
Mrs. Gordon H. Ira, Hygeia.....*Jacksonville*
Mrs. C. E. Royce, Bulletin.....*Clifton*
Mrs. P. J. Manson, Program.....*Miami*
Mrs. J. E. Maines, Organization.....*Gainesville*

DISTRICT CHAIRMEN

Mrs. T. C. Kenaston, General Chairman.....*Cocoa*
Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"..*Ft. Lauderdale*

STATE CHARGES 1944-1945

1. Make a genuine effort to put over the Bulletin.

2. Continue diligently to subscribe to and distribute Hygeia.

3. Cooperate 100 per cent with the Legislative Committee.

4. If possible, hold an annual Health Institute Day or something of similar importance.

5. Cooperate with Cancer Field Army and the Tuberculosis Association.

6. Appoint a Defense Chairman and follow program outlined by the National Auxiliary.

7. Cooperate actively with Red Cross, particularly in the making of Red Cross surgical dressings.

8. Do not forget archives. Send all biographies to the Florida Medical Association, Box 1018, Jacksonville.

9. Support the United States Cadet Nurse Recruitment as far as possible.

EXECUTIVE BOARD MEETING

Members of the Executive Board of the Woman's Auxiliary to the Florida Medical Association, which held its midyear meeting in West Palm Beach at the Lake Court Apartment Hotel in October, were honored at a tea given by the state president, Mrs. W. C. Williams, Jr., at her home, 115 Westminster Road.

The house, which was candle-lighted throughout was artistically decorated with a profusion of cut flowers and greenery. During the tea delightful musical selections were presented by Mrs.



with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective. and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

MIAMI SURGICAL COMPANY
B. MARIAN BEALS, President-Treasurer
Established 1926
Hospital and Physicians' Supplies
Headquarters for
Laboratory Supplies, Laboratory Chemicals and Reagents
We respectfully solicit your orders
Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS EXCLUSIVELY

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
Disability need not be incurred in line of duty—benefits from the beginning day of disability
86c out of each $1.00 gross income used for members' benefit
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.

Graham King, Delray Beach, vocal soloist, and Mrs. Irma Blake Effinger, pianist.

Mrs. Lloyd J. Netto, past president of the Palm Beach County Auxiliary, presided at the tea table which was overlaid with an exquisite lace cover and centered with a lovely arrangement of cut roses; tall, lighted cream tapers burned at either end. Mrs. V. M. Johnson presided at the punch bowl in the loggia. Assisting in serving were Mrs. Harry Moses and Mrs. William H. Gardner.

Honored guests were Mrs. P. J. Manson, Miami, first vice-president; Mrs. C. D. Rollins, South Jacksonville, secretary-treasurer; Mrs. J. H. Owens, Jacksonville, chairman district B; Mrs. S. M.Copeland, Jacksonville, state press and publicity; Mrs. W. O. Arnold, West Palm Beach, defense; Mrs. Gordon H. Ira, Jacksonville, Hygeia; Mrs. Charles F. Henley, Jacksonville, Legislation; Mrs. H. A. Leavitt, Miami, exhibit; Mrs. W. J. Barge, Miami, archives; and Mrs. V. M. Johnson, West Palm Beach, local president.

Other guests were members of the West Palm Beach Auxiliary, Mrs. Harry A. Wakefield, Mrs. Grady Bantley, Mrs. William H. Gardner, Mrs. Frederick K. Herpel, Mrs. Lloyd J. Netto, Mrs. T. Hopkins, Mrs. Sol Rotter, Mrs. M. Byrd, Mrs. V. D. Stone, Mrs. Edgar W Stephen, Mrs. Harry Moses and Mrs. William S. Turner.

Mrs. Williams was also hostess to the board members at a luncheon in the Rainbow Room of the Hotel Pennnsylvania at noon, when Cannon William S. Turner gave the invocation and Dr. Lloyd J. Netto gave an inspiring address on "Current Problems of the Day."

Mrs. Harry Wakefield and Mrs. Gaylord G. Lewis conducted a tour for visitors through the Norton Art Gallery from 4 to 5 o'clock.



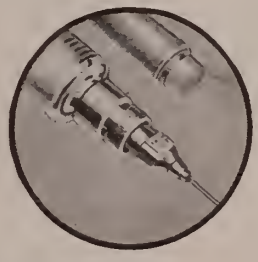
HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Miss.
Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS. Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.
Write P. O. Box 106 or Telephone 524
Dr. M. J. L. Hoye, Supt.
Fellow of the American Psychiatric Association

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
lorida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville, Apr. 12, 13, 1945
lorida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
merican Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Philadelphia, June 18-22, 1945
outhern Medical Association	Edgar G. Ballenger, Atlanta	Mr. C. P. Loranz, Birmingham	
labama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 1945
eorgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
lorida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, June 1, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	Howard G. Holland, Leesburg	H. D. Van Schaick, Miami	Jacksonville, June 25, 26, 1945
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 25-30, 1945
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	Shaler Richardson, Jacksonville	C. E. Dunaway, Miami	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
hattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed for Duration
outheastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
uwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S Howell, Lake City	



THE
OUTSTANDING COMBINATION
FOR
Hypodermic Use



B-D YALE-LOK NEEDLES with HUBER POINT

The Huber Point represents a major advance in hypodermic needle design. The closed point with lateral opening penetrates smoothly without cutting tissue plugs and with minimum laceration of tissue. The result is a reduction in pain, trauma and seepage. B-D Yale-Lok Needles with Huber Point are at present available from 18 gauge to 27 gauge.

B-D YALE-LOK SYRINGES with METAL LOCKING TIP

The B-D Yale-Lok Syringe costs less to use—because it overcomes tip breakage. To the strong glass tip is permanently affixed a metal needle locking device. This locking feature prevents needle slipping, jamming or leaking. B-D Yale-Lok Syringes are available in 2 cc to 100 cc sizes. All B-D needles lock on B-D Yale-Lok syringes.

Specify B-D Yale-Lok Needles with Huber Point and B-D Yale-Lok Syringes when ordering Hypodermic Equipment.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Byron Thompson
W. A. McPhaul, Jr.
Ray Thompson

David L. Young
Carroll E. Carter

P. O. BOX 2669 820-24 W BAY ST
Jacksonville 3, Florida

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa*	J. K. Turberville, M.D. Century	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	47	17	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. A. Meriwether M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
	Jackson *Calhoun*	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	1	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D Lakewood	3rd Thursday 8:00 P.M.	6		
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	1	
B	Columbia *Baker, Hamilton*	Harry S. Howell, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	13	1	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	10	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	3	
	Taylor *Dixie, Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4		
	Alachua *Bradford, Gilchrist, Union*	W. E. Murphree, M.D. 1270 Seminole Ave. Gainesville	J. H. Thomas, M.D. 749 E. Main St. N. Gainesville	2nd Wednesday 7:30 P.M.	26	6	
	Duval *Clay*	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 2	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	77	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Marion *Levy*	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	11	
	Nassau	W. A. Brewster, M.D. Callahan	Geo. A. Dame, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	1	
	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	2	
	St. Johns	G. Walter Potter, M.D. East Coast Hospital St. Augustine	Charles C. Grace, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	4	
	Brevard	I. F. Bean, M.D. Melbourne	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	3	
	Lake *Sumter*	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	7	B-4-46 C. McK. Tyre, M.D. Eustis
	Orange *Osceola*	Duncan McEwan, M.D. 106 E. Central Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	93	37	
	Seminole	Samuel Puleston, M.D. Brumley-Puleston Bldg. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	5	
	Volusia *Flagler*	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	44	17	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	109	38	
	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	4	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Pasco-Hernando-Citrus	S. C. Harvard, M.D. Brooksville	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	1	
	Pinellas	Arthur J. Bieker, M.D. 627 11th St. N. St. Petersburg 6	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	112	94	
	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	8	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Quarterly	20	4	
	Lee *Collier, Hendry*	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M	18	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Polk	W. F. Peacock, M.D. Barnett Embry Bldg. Bartow	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	60	13	
D	Palm Beach	J. L. Carlisle, M.D. 301 Guaranty Bldg. W. Palm Beach	E. W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	18	
	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	6	D-7-45 William Y. Sayad, M.D. West Palm Beach
	Broward	Robert Blessing, M.D. 409 Blount Bldg. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	46	12	
	Dade	Wiley M. Sams, M.D. 305 Ingraham Bldg. Miami, 32	J. J. Nugent, M.D. 701 Huntington Bldg. Miami, 32	1st Tuesday 8:30 P.M.	347	133	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	5	2	

Nothing Has Been Changed:

NATURAL SOURCE . . . QUALITY . . . PALATABILITY . . . PRICE

The natural vitamin A and vitamin D of time-proved cod liver oil itself—in the proportions typical of U.S.P. cod liver oil—are provided today, as for many years, in the three convenient dosage forms of

White's COD LIVER OIL CONCENTRATE

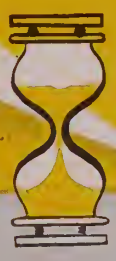
For infants, antirachitic prophylactic dosage of White's Cod Liver Oil Concentrate *still* costs less than a penny a day. Council-accepted, time-tested, widely prescribed—and promoted, without deviation of any kind, to the Medical Profession alone.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Available in:

Liquid—for drop dosage to infants
Tablets—for youngsters and adults
Capsules—for larger dosage

Council-accepted. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



White's PRESCRIPTION *vitamins*

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles and boxes of 48 and 192 capsules. Ethically marketed.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST

THE N.Y. ACADEMY OF MEDICINE
1945

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI FEBRUARY, 1945 No. 8

CONTENTS

Sulfamerazine in the Treatment of Meningococcic Meningitis, Charles M. Harris, M. D., U. S. P. H. S. 359

A History of Medicine in Duval County, Installment III, Webster Merritt, M. D., Jacksonville 365

Abstracts of Medical Articles 372

Editorials: Statement by Dr. John R. Boling, Prepared for U. S. Senate Subcommittee on Wartime Health and Education; Southern Medical Meeting 374

State News Items 378

Births, Marriages and Deaths 381

Component County Society Notes 382

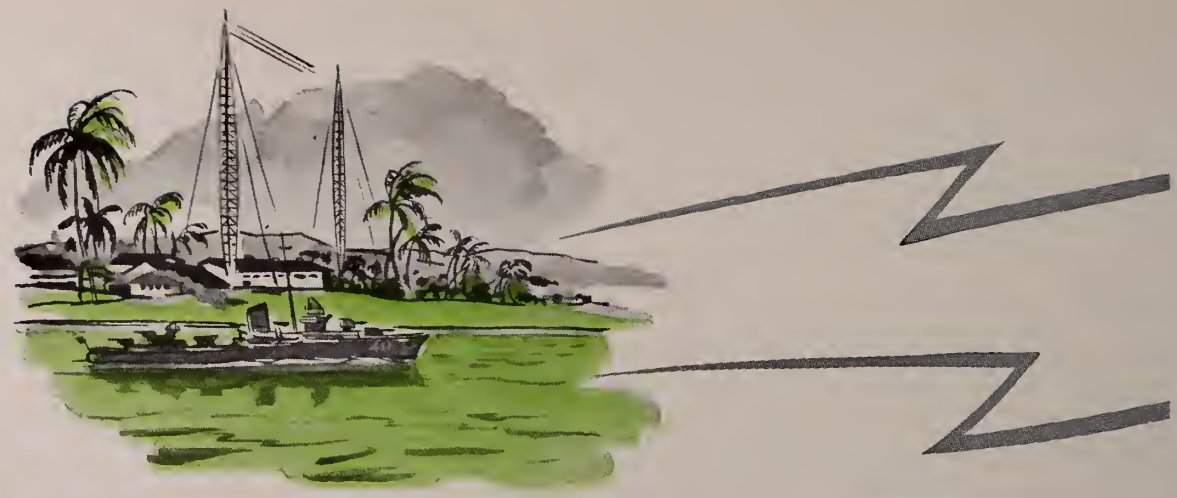
Woman's Auxiliary 386

Books Received 388

Schedule of Meetings 389

Component Societies by Medical Districts 390

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.





The details of this dramatic story were reported in daily newspapers on December 6, 1944—a tribute to the skill and ingenuity of the physicians in our Armed Forces.

RÂLES by RADIO

"Your man has an asthmatic attack . . . wrap him in blankets with hot water bottles and give him an injection of Adrenalin Chloride"



Spanning hundreds of miles of ocean, these life-saving directions of a Navy doctor in Hawaii were carried by radio to a small vessel "somewhere in the Pacific" on which a seaman lay unconscious. A stethoscope over the patient's chest with ear pieces pressed close to the microphone had made it possible for the physician to hear the breath sounds and heartbeat in Honolulu.

Thus in war, as in peace, Adrenalin Chloride is the first thought of the physician for the prompt relief of asthmatic paroxysms.

Its ability to relax spasms of bronchial musculature, to stimulate the heart with increase in cardiac output, to raise systolic arterial pressure and widen pulse pressure, and to constrict blood vessels of the skin gives Adrenalin a dynamic and diversified therapeutic action.

In addition to its use in bronchial asthma, Adrenalin (epinephrine) is widely employed as a hemostatic, as a vasoconstrictor in vascular engorgement of the nasal passages, to prolong the effect of local anesthetics, and as an aid to resuscitation in shock and anesthesia accidents.



Parke, Davis & Company

DETROIT 32 • MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

In Estrogen Therapy Remember...

Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)
Formerly called by the trade name OCTOFOLLIN

In estrogen therapy the physician is particularly interested in clinical efficacy and freedom from toxic side reactions. In BENZESTROL, Schieffelin & Co. offers a significant contribution to hormone therapy in that it is both estrogenically effective and singularly well tolerated whether administered orally or parenterally.

BENZESTROL TABLETS
Potencies of 0.5. 1.0. 2.0. 5.0 mg.
Bottles of 50. 100 and 1000.

BENZESTROL SOLUTION
Potency of 5.0 mg. per cc. in 10 cc.
Rubber capped multiple dose vials.

BENZESTROL VAGINAL TABLETS
Potency of 0.5 mg.
Bottles of 100.

Literature and samples on request.

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N. Y.



PENICILLIN Creates New Concepts Sterilizing an Empyema

Penicillin shatters old concepts and is rapidly creating many new ones. This applies particularly to the treatment of empyema. It has been demonstrated that penicillin will usually sterilize the pleural exudate, provided the infecting organism is penicillin sensitive. A significant number of patients with pneumococcic, streptococcic, and staphylococcic empyema were improved or recovered after repeated aspiration of the pus and injection of penicillin.

Constantly expanding activities on the part of the Upjohn research laboratories and manufacturing staff are devoted to keeping The Upjohn Company in the forefront of penicillin developments. More and more penicillin is becoming available for civilian practice.

Penicillin (Upjohn) is supplied in vials containing 100,000 Oxford units.

ARMY E NAVY

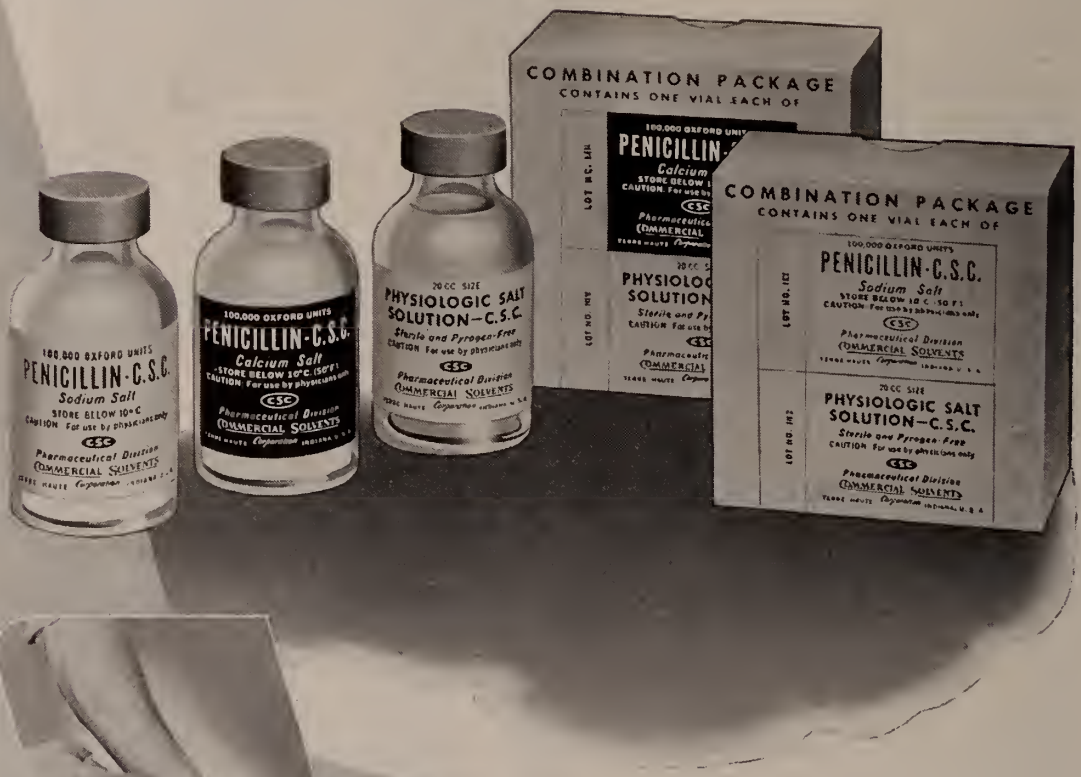
Upjohn

KALAMAZOO, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

DO MORE THAN BEFORE . . . BUY MORE WAR BONDS

The Combination Packages of





For the usual concentration (5000 Oxford Units per cc.) inject 20 cc. of physiologic salt solution into the vial in the usual aseptic procedure.



Invert the vial and syringe (with needle in vial), and withdraw the amount of penicillin solution required for the first injection.



Store vial with remainder of solution in refrigerator. Solution is ready for subsequent injections during the next 24 hours.

PENICILLIN-C.S.C.

For administration in the physician's office or in the patient's home, Penicillin-C.S.C. will be available in a convenient combination package, as soon as the drug is released for unrestricted use in civilian practice. This combination package provides two rubber-stoppered, serum-type vials. One vial contains enough physiologic salt solution to permit the withdrawal of 20 cubic centimeters. The other vial contains 100,000 Oxford Units of penicillin sodium or penicillin calcium* respectively.

The physiologic salt solution is sterile and free from fever-producing pyrogens. Penicillin-C.S.C.—whether the sodium salt or the calcium salt—is bacteriologically and biologically assayed to be of stated potency, sterile, and free from all toxic substances, including pyrogens, as attested by the control number on the package.

When 20 cc. of the physiologic salt solution is withdrawn from its vial, and injected into the penicillin-containing vial under the usual aseptic precautions, the resultant solution presents a concentration of 5000 Oxford Units per cubic centimeter. The solution is then ready for injection, does not require resterilization.

After the desired amount of the solution for the first injection has been withdrawn, the vial containing the remainder of the solution should be stored in the refrigerator. It is ready for the next injection—the desired amount then merely has to be withdrawn under proper sterile technic.

When released for unrestricted marketing, Penicillin-C.S.C. will be stocked throughout the United States by a large number of selected wholesalers. Any pharmacist thus will be able to fill professional orders promptly.

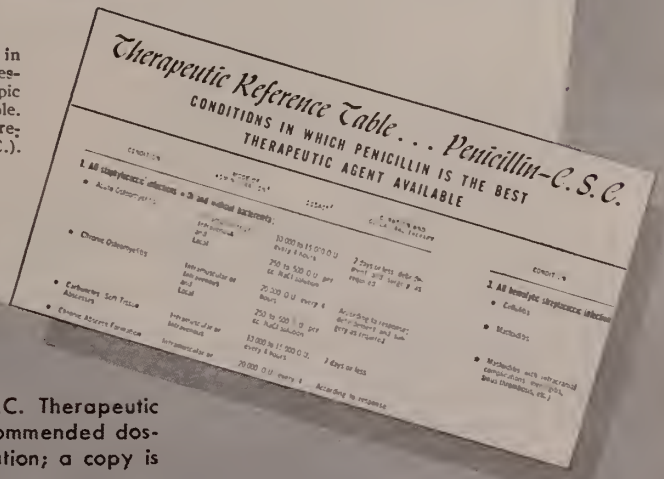
PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS
Corporation

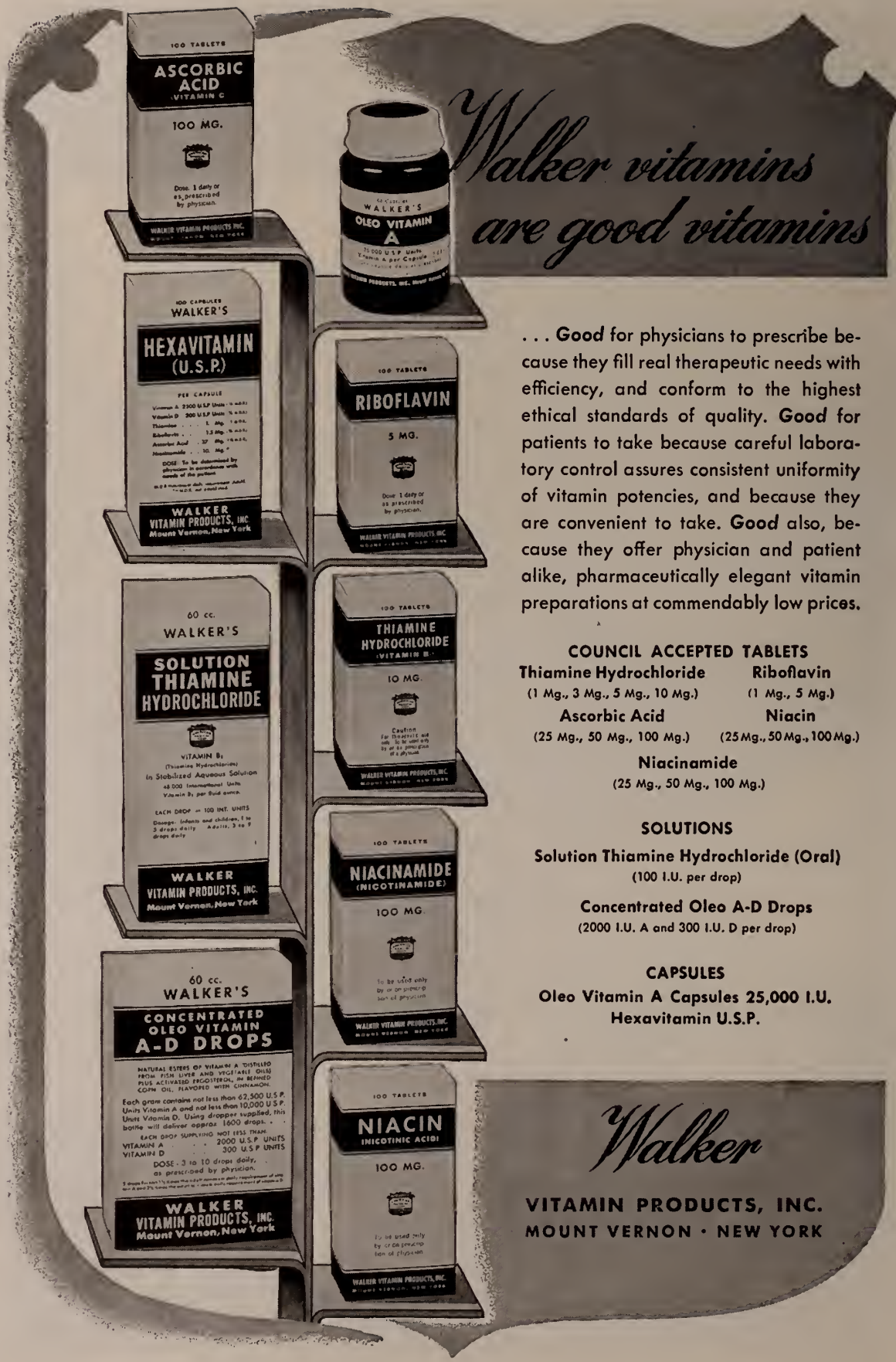
17 East 42nd Street New York 17, N. Y.

CSC

*Penicillin calcium, equal to penicillin sodium in therapeutic efficacy and nontoxicity, in recent investigations has been shown to be less hygroscopic than the sodium salt, and somewhat more stable. Both forms of the drug should be stored in the refrigerator, at a temperature not over 50° F. (10° C.).


Therapeutic Reference Table . . . Penicillin-C.S.C.
CONDITIONS IN WHICH PENICILLIN IS THE BEST THERAPEUTIC AGENT AVAILABLE

A page of the "Penicillin-C.S.C. Therapeutic Reference Table," showing recommended dosages and modes of administration; a copy is yours for the asking.



Walker vitamins are good vitamins

. . . **Good** for physicians to prescribe because they fill real therapeutic needs with efficiency, and conform to the highest ethical standards of quality. **Good** for patients to take because careful laboratory control assures consistent uniformity of vitamin potencies, and because they are convenient to take. **Good** also, because they offer physician and patient alike, pharmaceutically elegant vitamin preparations at commendably low prices.

COUNCIL ACCEPTED TABLETS

Thiamine Hydrochloride (1 Mg., 3 Mg., 5 Mg., 10 Mg.)

Riboflavin (1 Mg., 5 Mg.)

Ascorbic Acid (25 Mg., 50 Mg., 100 Mg.)

Niacin (25 Mg., 50 Mg., 100 Mg.)

Niacinamide (25 Mg., 50 Mg., 100 Mg.)

SOLUTIONS

Solution Thiamine Hydrochloride (Oral) (100 I.U. per drop)

Concentrated Oleo A-D Drops (2000 I.U. A and 300 I.U. D per drop)

CAPSULES

Oleo Vitamin A Capsules 25,000 I.U.

Hexavitamin U.S.P.

Walker

VITAMIN PRODUCTS, INC.

MOUNT VERNON · NEW YORK



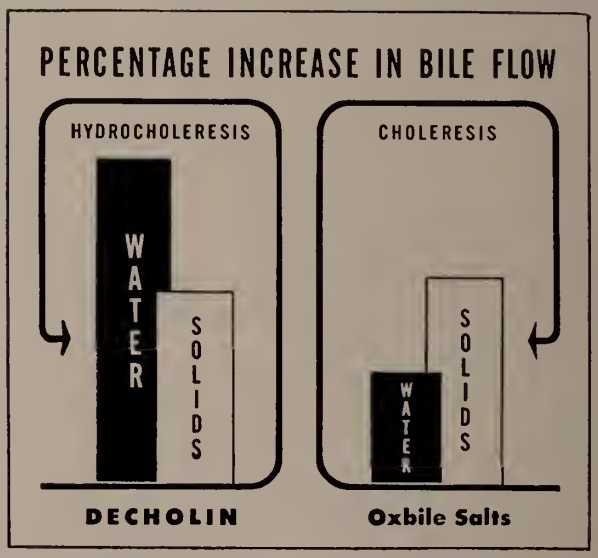
She, and millions like her, are today spared the physical and emotional disturbances usually suffered by women during the menopause. Through the use of Progynon* her physician is making it possible for her to negotiate the middle years of life gradually . . . and gracefully.

Progynon therapy in the menopausal syndrome consists of intramuscular injections of Progynon-B* until symptoms are controlled. Therapy may often be maintained with Progynon-DH* Tablets.

*Trade-Marks Reg. U. S. Pat. Off.

COPYRIGHT 1945 BY SCHERING CORPORATION

SCHERING CORPORATION BLOOMFIELD, NEW JERSEY



for..

Increased Flow and Thinner Bile...

AN ESSENTIAL IN THERAPY

Not only in the conservative management of hepatobiliary disease, but also before and after gallbladder and common duct surgery, free flow of thin liver bile is an integral part of therapy. Impairment of bile flow —whether due to secretory deficiency, faulty bile composition, narrowed lumina of the biliary pathways due to hyperplasia or edema, or biliary dyskinesia—must be promptly overcome.

Decholin (chemically pure dehydrocholic acid), by its specific hydrocholeretic action, produces a copious flow of thin liver bile, under an increased pressure which proves efficacious in flushing the intrahepatic and extrahepatic passages, tending to free them of inspissated bile, gravel, and mucopurulent material. In the hands of many outstanding clinicians Decholin is a sine qua non in hepatobiliary disturbances. It is contraindicated only in complete obstruction of the hepatic or common bile duct. Supplied in boxes of 25, 100, 500 and 1000 3¾ grs. tablets.

Riedel - de Haen, Inc. • New York 13, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

COUNCIL ACCEPTED SINCE 1932

Decholin

REG. U.S. PAT. OFF.

PACE-MAKER OF BILE ACID THERAPY



Color Photograph by Lejaren à Hiller

THE SIGNIFICANCE OF TRIFLES

YOUNG ABE LINCOLN closed the Offut store that warm summer evening and set out resolutely on a six-mile walk. He kicked aimlessly at a stone in the path, sending it streaking across the dusty road. He was impatient with himself for the careless error he had committed during the day, when he inadvertently shortchanged one of his customers a quarter shilling.

There was only one thing to do to Abe's way of thinking; that was to return the money at once and make apology for the blunder. To Abe Lincoln it was not a matter of six insignificant pennies but one of integrity. Absolute integrity is a rare enough virtue to make those who possess it truly great. Withal, it implies a singleness of purpose which consistently leads men to strive for perfection in all they undertake.

Seeking perfection of product long has been an obsession with Eli Lilly and Company. No item is too insignificant, no operation too trifling, no suggestion too remote to deserve careful consideration. Possibilities for improvement are constantly investigated. Careful attention to minute detail is part and parcel of the daily job. A "Lilly" specification on your prescriptions guarantees quality unsurpassed.

Lilly



A CRITICAL *Material*

For the diabetic, Insulin is truly a critical material. Without Insulin the most nutritious food may be of little value. Through careful regulation of diet and exercise, together with appropriate doses of Insulin, the diabetic may be spared to a long and fruitful life. Plans for an active career need not be abandoned.

The response to Insulin varies with the patient. Consequently, Iletin (Insulin, Lilly), Iletin (Insulin, Lilly) made from zinc-Insulin crystals, and Protamine, Zinc & Iletin (Insulin, Lilly) are made available in various strengths and sizes, subject to the physician's specifications.

ELI LILLY AND COMPANY · INDIANAPOLIS 6, INDIANA, U.S.A.

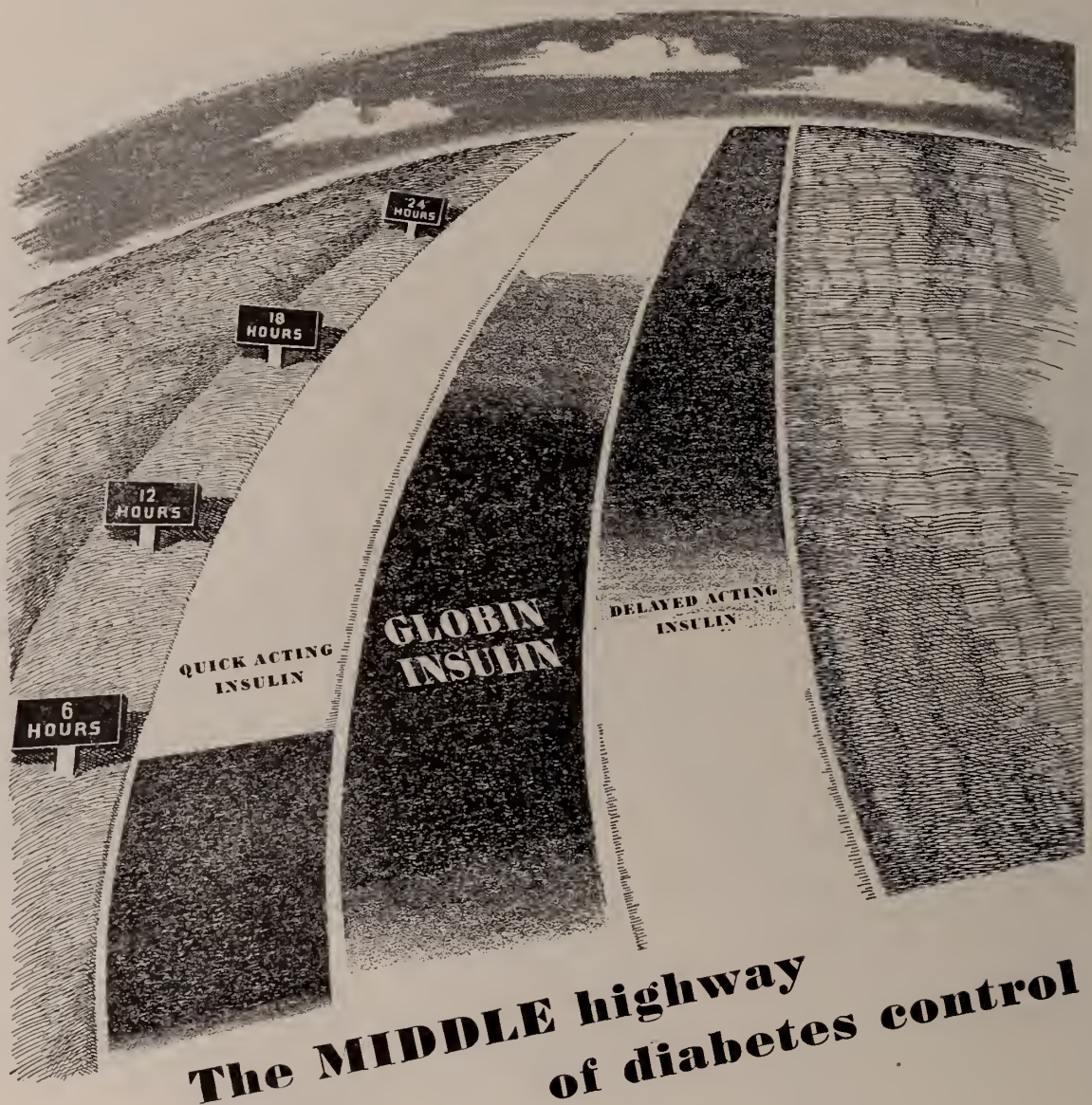
"Coca-Cola gives me that refreshed feeling"



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

Drink Coca-Cola
Delicious and Refreshing

THE PAUSE THAT REFRESHES



The MIDDLE highway of diabetes control

There are three main insulin roads upon which a physician may direct his patient toward diabetes control.

One insulin is quick-acting but short-lived. Another is slow-acting but prolonged. Intermediate between these is 'Wellcome' Globin Insulin with Zinc —designed to meet many patients' needs.

The many patients whose diabetes is controlled by a single injection of Globin Insulin obtain the benefits of rapid onset of action, sustained daytime effect, and nighttime diminished action—which tends to minimize nocturnal insulin reactions.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic properties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

Literature on request

'WELLCOME'
GLOBIN INSULIN
WITH ZINC

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.

A WOMAN'S PEACE OF MIND

No one understands the complexities of a woman's mind as well as her physician. He is fully aware that the menstrual period may often initiate temporary psychosomatic difficulties, or aggravate existing emotional maladjustments.

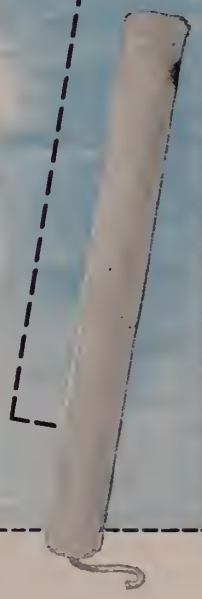
Today – with so many exacting demands upon women – any measure which contributes to her greater sense of comfort and well-being merits the physician's special attention.

Perhaps no single measure brings a woman such a welcome sense of physical and mental relief during the menses as the use of TAMPAX, the original vaginal tampon for improved menstrual hygiene.

This is because TAMPAX fits so comfortably in situ... eliminates all external bulkiness... precludes the possibility of exposure of the discharge to odorous decomposition . . . abolishes vulvar irritation and chafing from perineal pads . . . and permits freer indulgence in sports and other physical activities.

Results of recent studies[1,2,3] in thousands of cases confirm the fact that TAMPAX meets all the requirements of modern hygiene – providing thoroughly *adequate* and *safe* protection. Equally important (as one gynecologist has stated), with TAMPAX "many patients say they can forget that they are menstruating and so are without the disturbing annoyance they had every time they menstruated."[1]

(1) West. J. Surg., Obst. & Gyn., 51:150, 1943; (2) Clin. Med. & Surg., 46:327, 1939; (3) Am. J. Obst. & Gyn., 46:259, 1943.



TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax.

FL-25

Name_____

Address_____

City_____

A Tribute...



To the professional men who use our prescription service:—we wish to express our appreciation of your patience and understanding as war conditions have slowed down our deliveries, have limited some of our most popular materials.

To keep faith with you, our policy continues to be "only the best is good enough for you and your patients."

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products



THE
OUTSTANDING COMBINATION
FOR
Hypodermic Use



B-D YALE-LOK NEEDLES with HUBER POINT

The Huber Point represents a major advance in hypodermic needle design. The closed point with lateral opening penetrates smoothly without cutting tissue plugs and with minimum laceration of tissue. The result is a reduction in pain, trauma and seepage. B-D Yale-Lok Needles with Huber Point are at present available from 18 gauge to 27 gauge.

B-D YALE-LOK SYRINGES with METAL LOCKING TIP

The B-D Yale-Lok Syringe costs less to use—because it overcomes tip breakage. To the strong glass tip is permanently affixed a metal needle locking device. This locking feature prevents needle slipping, jamming or leaking. B-D Yale-Lok Syringes are available in 2 cc to 100 cc sizes. All B-D needles lock on B-D Yale-Lok syringes.

Specify B-D Yale-Lok Needles with Huber Point and B-D Yale-Lok Syringes when ordering Hypodermic Equipment.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Byron Thompson
W. A. McPhaul, Jr.
Ray Thompson

David L. Young
Carroll E. Carter

P. O. BOX 2669 820-24 W BAY ST
Jacksonville 3, Florida

BOMBING MISSION (medical version)



TARGET FOR TODAY...not Japs, but *rats*...mosquitoes...flies...disease-carrying insects and vermin that infest the steaming jungles of the Pacific.

For this is a *bombing mission in white!* The "bombs" are loaded not with T.N.T., but more likely with D.D.T. which, sprayed from the air, seeks out and kills the adult mosquito and fly.

Yes, with D.D.T., with the aerosol bomb and countless other new developments in sanitation and disease control, the soldiers of medical science are proving themselves fighting men through and through. And, like so many other fighting men, they find pleasure and cheer in a few moments relaxation with a cigarette. Probably a Camel for, according to actual sales records, Camels are the favorite with smokers in *all* the services.



Camels *Costlier Tobaccos*

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

There is no *Universal Size*



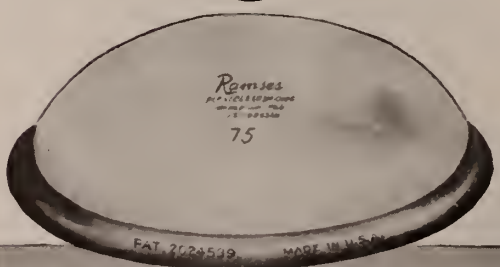
THERE never has been a wedding ring that would correctly fit the finger of all women . . . and there is no universal size of occlusive diaphragm that will correctly conform to the many variations of the vaginal and cervical structures.

Competent clinical investigation has established that an occlusive diaphragm must be of individually correct size in order for the cervix to be properly protected against entrance of spermatozoa.

Because of the variance in the vaginal anatomy of individual patients the correct size can be determined only through measurement by a properly qualified physician.

To insure closer, more accurate fitting with greater comfort for your patients, specify "RAMSES"* Flexible Cushioned Diaphragm on your prescriptions.

Ramses TRADE MARK REG U S PAT OFF. **FLEXIBLE CUSHIONED DIAPHRAGMS**

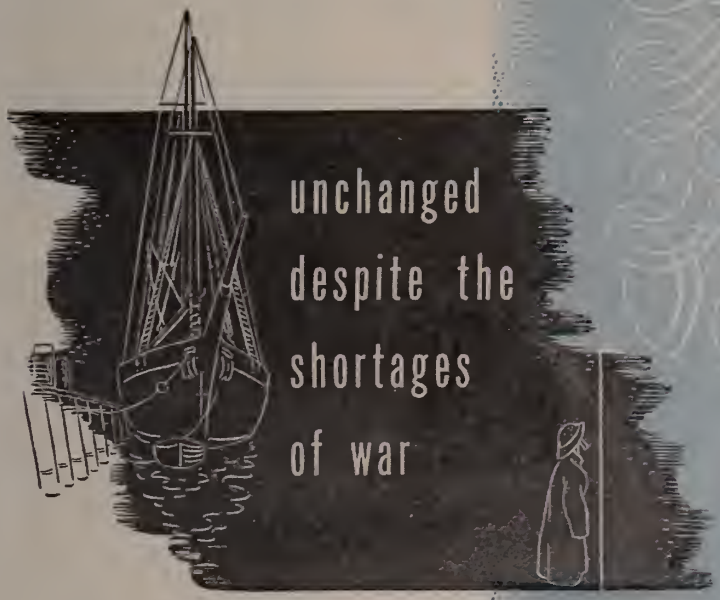


are made in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters inclusive . . . available through any recognized pharmacy.

* The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55th Street New York 19, N. Y.

A MARK OF Ramses DEPENDABILITY U.S. PAT. OFF.



you can still prescribe — and your patients can still obtain — the natural vitamins of time-honored cod liver oil itself, in the three pleasant dosage forms of

white's cod liver oil concentrate

. . . drop dosage for infants; tablets for youngsters and adults; capsules for somewhat larger dosage, or wherever capsular medication is preferred.

No Increase in Cost-to-Patient

Despite its advantages in potency, stability, palatability and convenience, the cost of White's Cod Liver Oil Concentrate has always compared favorably with that of plain cod liver oil. Current shortages, however, have resulted in much higher prices for the plain oil, while the price to patient of White's Cod Liver Oil Concentrate has been maintained at its established economy level. Prophylactic antirachitic dosage for infants STILL costs less than a penny a day. Council accepted; ethically promoted. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Pharmacy and Chemistry

White's

American Optical Products

. . . CONTRIBUTING TO THE WAR EFFORT

OPHTHALMIC LENSES

DIAGNOSTIC INSTRUMENTS

FIELD CHARTING INSTRUMENTS

ORTHOPTIC INSTRUMENTS

REFRACTING EQUIPMENT

SPECTACLES AND EYEGLASSES

OPTICAL UNITS

GOGGLES

SUN GLASSES

OPTICAL INSTRUMENTS

MICROSCOPES AND ACCESSORIES

EYE PROTECTION AND SAFETY EQUIPMENT

OPTICAL MACHINERY

OPHTHALMIC PRESCRIPTION SERVICE FOR THE U. S. ARMY

PROJECTION EQUIPMENT

INSTRUMENTS FOR MEASURING OPTICAL PROPERTIES

SPECTACLE CASES

MISCELLANEOUS

American Optical

COMPANY

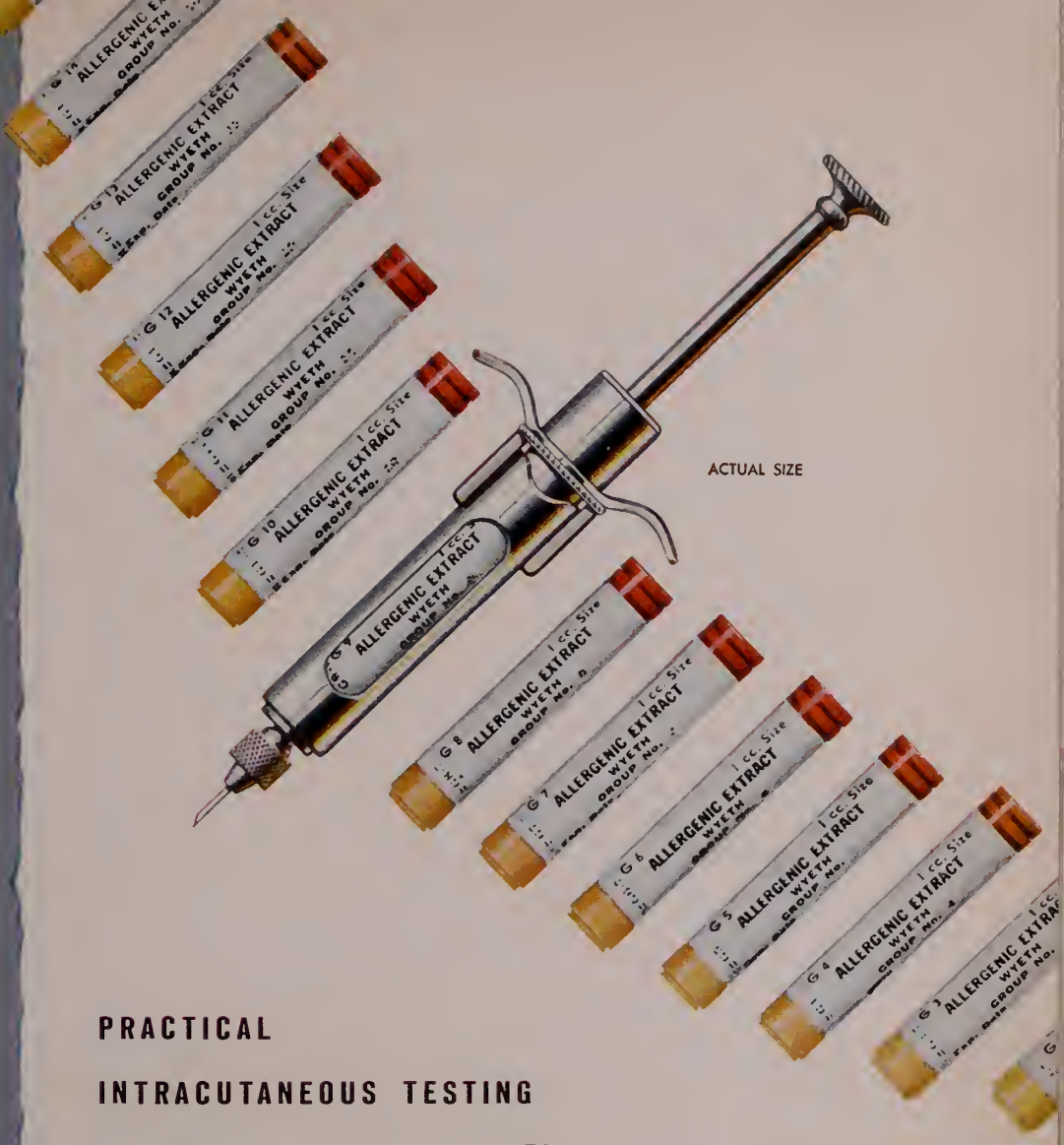
THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

ALLERGY DIAGNOSIS



PRACTICAL INTRACUTANEOUS TESTING FOR ROUTINE OFFICE USE!

ONE TUBEX* SYRINGE serves for administering all allergens, instead of a battery of syringes.

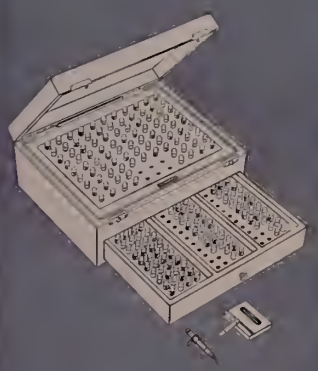
NO TIME-CONSUMING DILUTION of allergen is needed, for Tubex are available filled with a sterile solution of the specific allergen in dilution suitable for immediate injection.

TESTING IS ECONOMICAL since each Tubex contains sufficient allergen for twenty to thirty tests.

TESTS MAY BE READ WITHIN TEN MINUTES, or about one-third the time required for the development of a positive reaction by the scratch method.

REICHEL DIVISION • WYETH INCORPORATED • PHILADELPHIA 3, PA.

*Reg. U. S. Pat. Office



Complete! Wyeth allergen testing set in handsome cabinet, includes breech-loading Tubex syringe, more than 200 Tubex of essential allergens, one dozen needles and useful accessories.

ALLERGENIC TESTING SET

Wyeth

Petrogalar
REG U S PAT. OFF.
Wyeth

Longer and busier work days, with a shortage of materials and skilled help—these and other worries that increase the tension of the war years play havoc with those health habits so essential to well-being.

, , ,

Petrogalar gently, persistently, *safely* helps to establish "habit time" for bowel movement. An aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly, Petrogalar is evenly disseminated throughout the bowel, effectively penetrating and softening hard, dry feces, resulting in comfortable elimination with no straining and no discomfort.

, , ,

Five types of Petrogalar provide convenient variability for individual needs and constant uniformity assures palatability—normal fecal consistency.

, , ,

Petrogalar Laboratories, Inc., Division
WYETH INCORPORATED, PHILADELPHIA 3, PA.

Petrogalar

helps establish "Habit Time"





PENICILLIN CANNOT BE MADE IN A CRUCIBLE!

Bring back Paracelsus and his crucibles today... show him the clinical picture of Penicillin... take him on a trip through a great Penicillin plant like that of Cheplin Laboratories. What would he think? Your guess is as good as ours!

Just as strides in clinical medicine have been unmeasurable since Paracelsus' time, so too have been the strides in mass-manufacture and plant-investment. In the Cheplin plant at Syracuse, for instance, there are alone thirty miles of pipe needed to make this new "wonder-drug."

Who can state Medicine and the Pharmaceutical Manufacturer aren't working together for a better post-war world? And Cheplin is doing its bit!

CHEPLIN
LABORATORIES INC.
(UNIT OF BRISTOL-MYERS COMPANY)

SYRACUSE • NEW YORK



For symptoms caused or accompanied by gastric hyperacidity

Creamalin promptly reduces stomach hyperacidity by adsorption. The effect is persistent. It does not provoke a secondary rise in hydrochloric acid, such as is common after alkalies, nor does it disturb the acid-base balance of blood plasma. . . . Relief is promptly secured and maintained with safety. Hence the very extensive application of this highly useful agent in the management of peptic ulcer and symptoms caused by gastric hyperacidity.

•

Supplied in

8 oz., 12 oz. and 1 pint bottles.

CREAMALIN

Reg. U. S. Pat. Off.

Brand of ALUMINUM HYDROXIDE GEL

NON-ALKALINE ANTACID THERAPY

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y. WINDSOR, ONT.





'Dexin' does make a difference

COMPOSITION

Dextrins	75%
Maltose	24%
Mineral Ash	0.25%
Moisture	0.75%

Available carbohydrate 99%
115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce

Progress report

A mother has a deep sense of satisfaction when her baby is healthy and your progress report indicates that he is "doing well."

'Dexin' offers advantages that make it an important factor in the feeding of many babies. Its high dextrin content (1) provides a relatively low fermentable form of carbohydrate minimizing the possibility of distention, colic and diarrhea and (2) promotes the formation of soft, flocculent, easily-digested curds. Readily soluble in hot or cold milk.

'Dexin' Reg. Trademark

ACCEPTED AMERICAN MEDICAL ASS'N

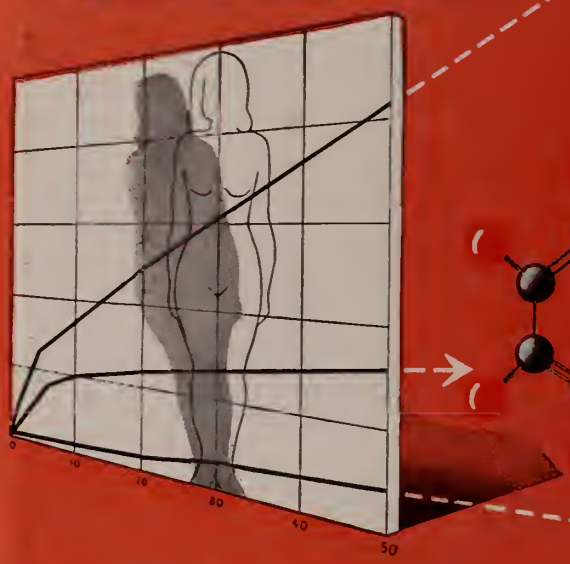
Literature on request

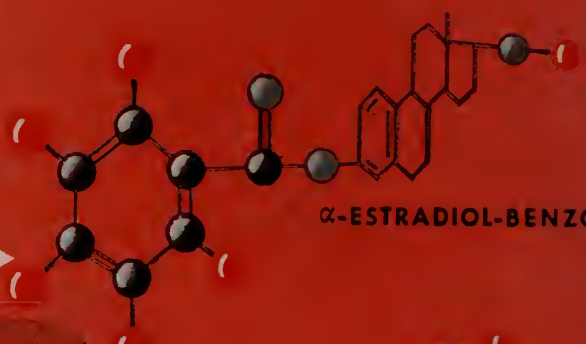
'Dexin'
HIGH DEXTRIN CARBOHYDRATE

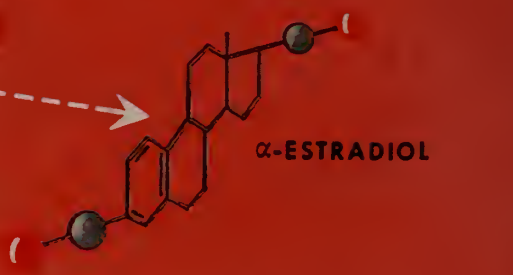
BURROUGHS WELLCOME & CO. (U.S.A.) INC.
9-11 East 41st Street, New York 17, N. Y.



INTENSE ESTROGENIC EFFECTS







WITH FEWER INJECTIONS

Esterification greatly prolongs the action of the natural ovarian hormone providing a more gradual physiological effect. DI-OVOCYLIN* (α-estradiol dipropionate) is the most ideal ester providing both potency and duration of effect.

With fewer injections, DI-OVOCYLIN promptly controls symptoms associated with estrogenic deficiency. It is both economical for the patient and time-saving for the physician.

DI-OVOCYLIN*

*Trademark Reg. U. S. Pat. Off.

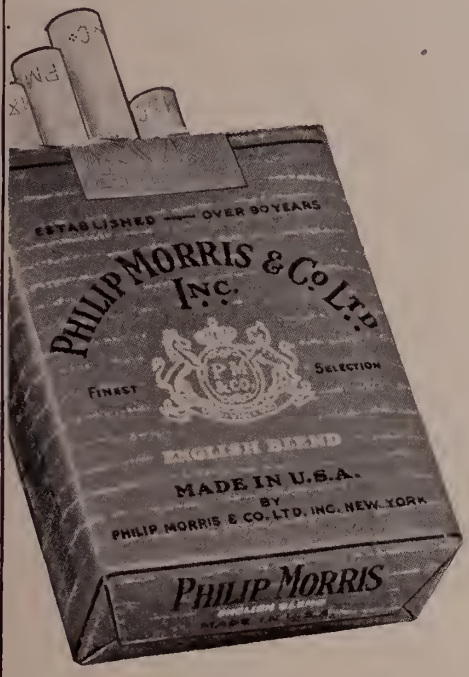
a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
CANADIAN BRANCH: MONTREAL, CANADA

Only one cigarette

PROVED

less irritating



It is significant that no other leading cigarette has even *claimed* to be less irritating than PHILIP MORRIS!

PHILIP MORRIS Cigarettes are *made* differently. From a different formula. With a different effect on smokers' throats.

These are not mere statements. You can see the facts for yourself in published studies.* They showed conclusively, in both clinical and laboratory tests, made by fully accredited authorities, that irritation due to smoking is appreciably *less* on smoking PHILIP MORRIS . . . that PHILIP MORRIS are appreciably *more* desirable for smokers with sensitive throats.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Heinz Now Offers a Complete Line of Baby Foods IN GLASS!

High-Quality Heinz Strained And Junior Foods Provide Tempting, Well-Balanced Meals For The Babies And Toddlers In Your Care

Meats—Among the delicious, scientifically prepared Heinz Strained Foods for infants are nutritious Beef Broth with Beef and Barley, Beef and Liver Soup, and choice Vegetables with Lamb. Two special Heinz Junior Foods—Chicken-Farina-Vegetable Porridge and Lamb and Liver Stew—furnish important protein values for older babies.

Fruits—A well-balanced fruit-and-cereal combination, Heinz Strained Apricots and Oatmeal is a dish small babies enjoy. Heinz Strained Prunes, savory Pears and Pineapple, and Applesauce, are bland, enticing fruits—not too sweet, not too tart.

Vegetables—Heinz makes Strained Beets, Carrots, Green Beans, Spinach, Peas, Tomato Soup and Vegetable Soup for babies. These specially grown vegetables are scientifically cooked and vacuum-packed to retain a high degree of minerals and vitamins. . . . For older babies, Heinz prepares Creamed Tomato and Rice, Creamed Green Vegetables, Chopped Green Beans, Chopped Spinach and Chopped Mixed Vegetables.

Desserts—Creamy Heinz Strained Custard and Apple Prune Pudding are light, energy-giving, easy for infants to digest. Pineapple Rice Pudding and Prune Pudding—both highly nutritive Junior Foods—are two desserts you'll want to recommend for toddlers!

HEINZ *Baby Foods*

57



Patient of thin type of build — skeleton indrawn

ANATOMICAL SUPPORT
for faulty
BODY MECHANICS

In conditions of faulty body mechanics, the nonuse of the abdominal muscles allows the pelvis to rotate downward and forward, bringing the sacrum up and back. There results an increased forward lumbar curve with the articular facets of the lumbar spine crowded together in the back. The dorsal spine curves backward with compression of the dorsal intervertebral discs and the cervical spine curves forward with the articular facets in this region closer together. Therefore, chronic strain of the muscles, ligaments and joints of the spine and pelvis occurs.

Camp Anatomical Supports have an adjustment by means of which their lower sections can be evenly and accurately brought about the major portion of the bony pelvis. When the pelvis is thus steadied, the patient can contract the abdominal muscles with ease and then with slight movement straighten the upper back.

Relieving back strain and fatigue, due to faulty body mechanics is a feature of the Camp Support illustrated, and other types for Prenatal, Postnatal, Postoperative, Pendulous Abdomen, Visceroptosis, Nephroptosis, Hernia and Orthopedic conditions.

CAMP

ANATOMICAL SUPPORTS

•

S. H. CAMP & COMPANY
Jackson, Michigan

World's Largest Manufacturers of Scientific Supports
Offices in CHICAGO • NEW YORK
WINDSOR, ONTARIO • LONDON, ENGLAND



Preoperative Calm

ALTHOUGH many of the derivatives of barbituric acid have a generic resemblance in their principal action, there are significant differences which establish certain compounds in special clinical fields. For example, 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly), while frequently prescribed for insomnia, has been found particularly useful as a preanesthetic hypnotic. Given preoperatively it serves to allay fear and apprehension, improves the patient's mental attitude, thus facilitating surgical procedure. 'Sodium Amytal' is also widely employed in obstetrics. In recommended dosage it is capable of producing amnesia without prolonging dilatation of the cervix or interfering with the strength or frequency of uterine contractions.

ELI LILLY AND COMPANY
Indianapolis 6, Indiana, U.S.A.

Lilly

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, February, 1945 | No. 8

SULFAMERAZINE IN THE TREATMENT OF MENINGOCOCCIC MENINGITIS

CHARLES M. HARRIS, M. D.
PASSED ASSISTANT SURGEON (R)
UNITED STATES PUBLIC HEALTH SERVICE

Prior to the introduction of antimeningococcus serum in 1906, the mortality from epidemic meningitis was generally accepted to approach 75 per cent.[1] From 1906 to 1936 the treatment centered about the use of specific antimeningococcus serum and meningococcus antitoxin. The following reports are typical of the mortality for this era: Chicago Health Record 1914-1934, average 48.8 per cent, extremes 39 per cent and 72 per cent;[2] United States Public Health Service 1934, mortality 57.3 per cent;[2] Sturdee 1931-1934, mortality 61.8 per cent;[3] Philadelphia General Hospital 1935-1937, mortality 57.5 per cent;[4] Hoyne 1936, mortality 47.7 per cent.[5] Such figures indicate that the hopes once held for serum therapy were not realized.

With the advent of sulfanilamide therapy the death rate dropped immediately. In 1940 numerous series were reported with mortality rates from 10 to 15 per cent. Each new sulfonamide in turn has proved its efficacy in attaining this new low level of mortality. Sulfanilamide,[6] sulfapyridine,[7, 8, 9] sulfathiazole,[7] and sulfadiazine[10, 11, 12] have each proved increasingly more effective against the meningococcus and decreasingly toxic to the patient.

Beeson and Westerman[7] emphasized the fact that although sulfonamide therapy has effected a great general reduction in the mortality of this disease, it has not changed the influence of age upon the death rate (figs. 1 and 2). This fact must be kept in mind when one reads mortality reports based on small numbers of cases including restricted age groups. The low mortality in epidemics among military personnel as compared with that of civilian outbreaks is largely explained by the favorable age groups in the former. The prevalence of this disease among younger age groups has been noted. The percentage of cases occurring in patients under 15 years of age varies in reports of epidemics from 45 per cent in England in 1940[7] to 60 per cent in Detroit in 1928-1932,[13] and even to 80 per cent in the German epidemic of 1905-07.[14] In other outbreaks as many as 40 per cent of the cases have occurred in children under 5 years of age and 16 per cent in infants under 1 year of age.[15]

In their review of 3,575 cases reported to the British Ministry of Health in 1940, Beeson and Westerman[7] noted that the general mortality was 15.9 per cent. Among the different age groups in this series the death rate varied from 5.6 to 56 per cent, as shown in figure 2. All of the patients in this group of cases received sulfonamide therapy; 87 per cent received sulfapyridine.

More recently even lower mortality rates have been reported, chiefly among patients treated with sulfadiazine. Lepper, Sweet and Dowling[12] treated 96 cases with sulfadiazine with 10 deaths (9.6 per cent mortality). In a truly remarkable series reported by Daniel, Solomon and Jaquette,[10] there were 112 cases with only 1 death. In 32 of these cases the patient had meningococcemia without meningitis. Similarly, Hill and Lever[11] reported 68 cases with no deaths, also treated with sulfadiazine. The latter two series were among military personnel and, therefore, included only favorable age groups.

The prognostic significance of coma among such patients has been emphasized. Lepper, Sweet and Dowling[12] reported no deaths in their series among patients admitted without coma, whereas 25 per cent of the patients admitted in coma died. Among those admitted twenty-four hours after the onset of coma the mortality rose to 50 per cent.

The use of sulfonamides in prophylaxis against meningococcic meningitis has been very successful. Kuhns, Nelson, Feldman and Kuhn[10] used sulfadiazine, and Gray and Gear[17] employed sulfapyridine. Both groups achieved a great reduction in active cases and in carrier rates among a treated group as compared with a control series of military personnel.

MODERN TREATMENT

There is now no doubt that one of the sulfonamides should form the basis of every therapeutic regime for meningococcic meningitis. Discussion now centers about the sulfonamide of choice, its optimal dosage, the value of combined antiserum and sulfonamide therapy, and other adjuvant measures. Penicillin also seems to offer some promise.[18]

Brinton[19] stated that experience with sulfonamide treatment has made serum therapy as obsolete as routine spinal drainage. Statistics presented by Beeson and Westerman[7] concur with this statement. In almost every age group (fig. 2) in their large series the death rate was distinctly higher in cases receiving both serum and sulfonamide than in cases treated with sulfonamide alone. For 965 patients who received serum in addition to sulfonamide therapy the fatality rate was 18.8 per cent, whereas among 2,591 patients treated with sulfonamide alone the death rate was 14.3 per cent. By far the majority of recent reports agree that serum therapy should be reserved for cases in which all sulfonamides are interdicted (a rare condition), or those in which sulfonamide-resistant strains of meningococci are present.[20] Such strains produce the recurrent type of meningococcic meningitis occasionally seen.[21] Serum, when indicated, should be given intravenously and never intraspinally.

The consensus today favors sulfadiazine as the drug of choice, and the statistics quoted in the foregoing paragraph seem to bear out this conclusion. In every series reported, however, the toxicity of sulfadiazine has been repeatedly stressed. Daniel, Solomon and Jaquette[10] reported gross hematuria in 17 per cent and microscopic hematuria in 37 per cent of their series in which this drug was used. Such reports prompt the continued search for an equally or more effective drug with less toxicity. High blood levels must be maintained over a relatively long period of time. This necessity tends to produce

FIG. 1

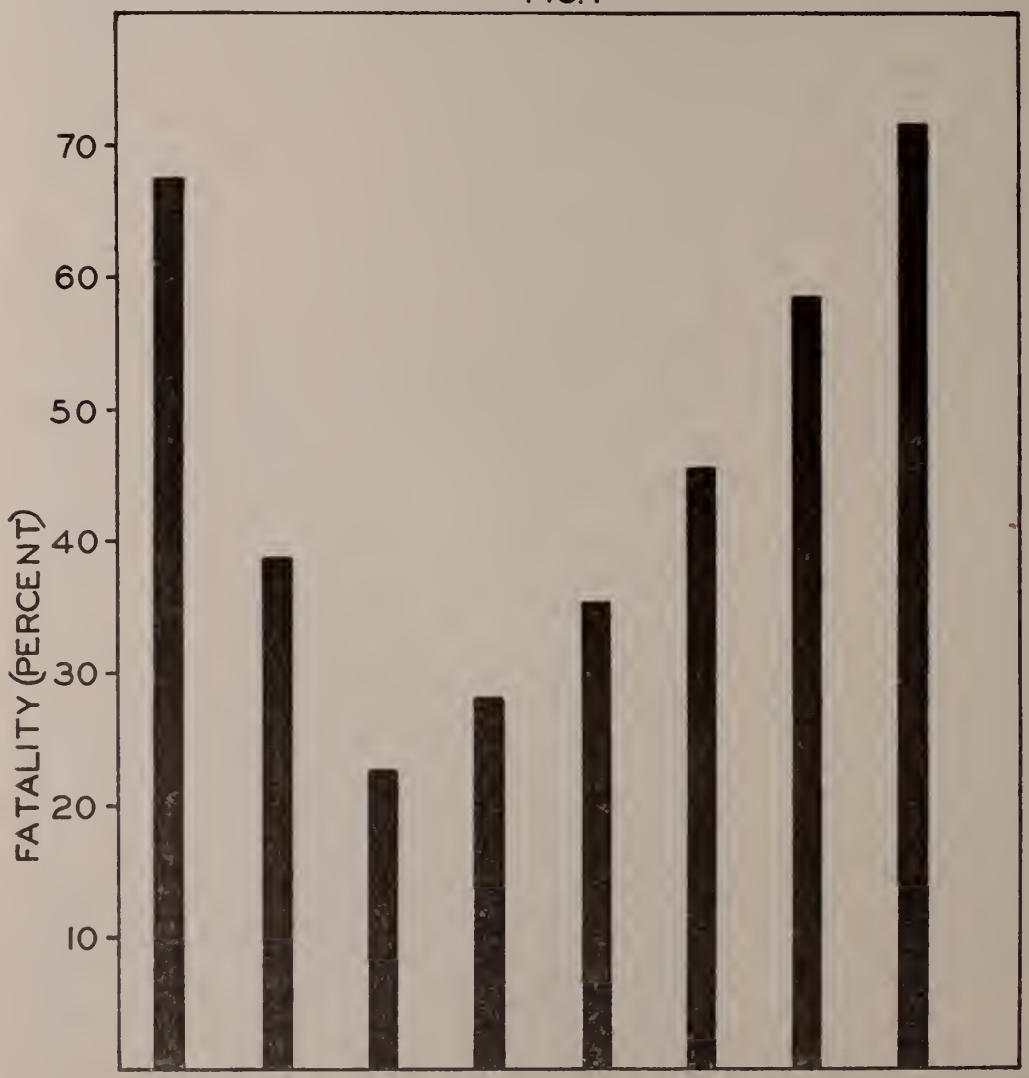
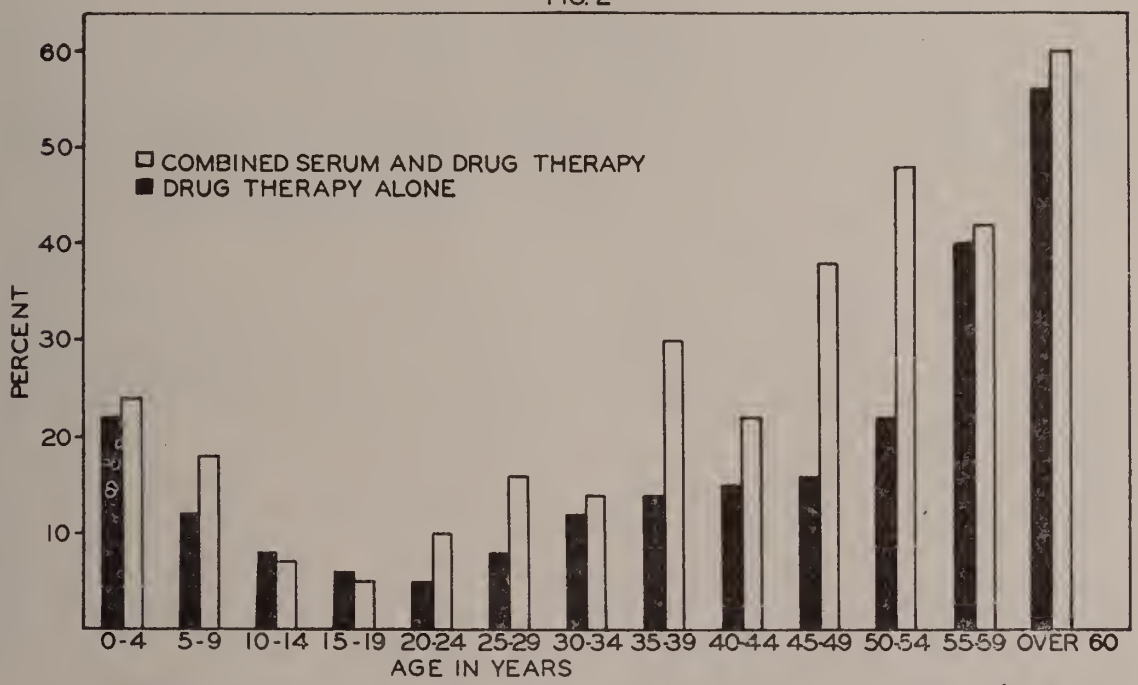


FIG. 2



CEREBROSPINAL FEVER; 3557 CASES-COMPARATIVE FATALITY RATES (FROM BEESON)

greater toxic reactions in cases of meningitis than occur in most acute infections.

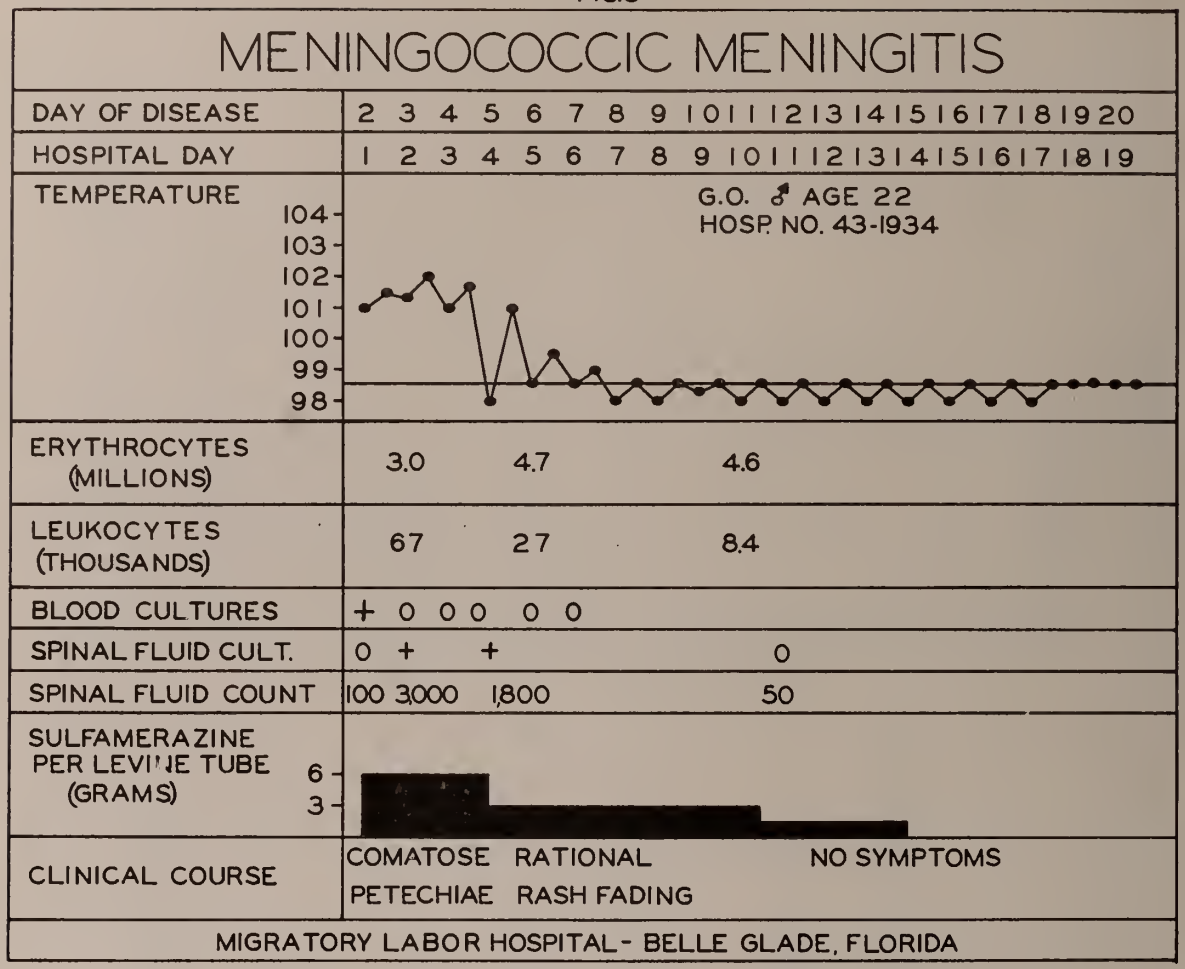
Sulfamerazine is a methyl-homologue of sulfadiazine and has the same range of effectiveness as the latter drug. Sulfamerazine is much more rapidly absorbed from the gastrointestinal tract than sulfadiazine, and its rate of excretion from the kidneys is much slower.[22] As a result, a high blood level is quickly produced by oral administration, and this level persists for a longer period of time.[23, 24] Comparable blood levels can be obtained with one half as much of this drug as with sulfadiazine, and the interval between doses can be lengthened to eight hours with uniform blood levels still maintained. Sulfamerazine and its acetyl derivatives are approximately 20 per cent more soluble in water and urine than in sulfadiazine.[22] A decrease in the urinary hydrogen ion concentration from *p*H 6 to *p*H 7 almost doubles this solubility. Likelihood of crystalline formation within the urinary tract is, therefore, theoretically less with sulfamerazine than with sulfadiazine.

The reported toxic reactions to sulfamerazine, while relatively higher than experimental data would lead one to expect, still seem to indicate that somewhat fewer renal complications occur with this drug than with sulfadiazine.[25] Dowling, Dumoff-Stanley, Lepper and Sweet[26] reported toxic reactions in 10 per cent of 428 patients receiving sulfamerazine compared with 8.1 per cent of 900 patients receiving sulfadiazine. Renal calculi were more frequent following administration of sulfamerazine. Fewer renal complications were noted by Hageman, Harford, Sobin and Ahrens[27] than commonly occur with sulfadiazine. In 400 cases of various infections treated with sulfamerazine gross hematuria occurred in 1.3 per cent, dermatitis in 3 per cent, leukopenia in 2.3 per cent, fever in 2 per cent and psychosis in 1 per cent. Experience with sulfamethylthiazole and other methyl derivatives has prompted careful observation for toxic neurologic manifestations of this drug, but none have been observed.

Flippin, Reinhold and Gefter[28] demonstrated that sulfamerazine diffuses readily into the spinal fluid. They found the spinal fluid level to average 42 per cent, while Hageman and his associates[27] reported 49 per cent of the plasma drug content.

The latter group reported 37 cases of meningococcic meningitis treated with sulfamerazine with 5 deaths. Other reported series include Lepper and his associates,[12] 22 cases with 2 deaths; Hall and Spink,[20] 3 cases with recovery; Gefter and his associates,[4] 45 cases with 3 deaths; and Flippin and his associates,[28] 99 cases with 5 deaths. These combined with the 3 cases included in this report give a total of 209 cases treated with sulfamerazine with 15 deaths, or a

FIG. 3



7 per cent mortality. Analysis of these 15 deaths reveals that most of them occurred in patients in unfavorable age groups and with other complicating disease. Caution must be urged in interpreting this figure, since so small a group of cases includes a limited age range.

Five cases of meningococcic meningitis were treated at the Belle Glade Migratory Labor Hospital, Belle Glade, between Nov. 15, 1943, and June 1, 1944. All but one of the cases occurred in the Labor Camp at Azucar, housing imported Jamaican farm labor. In all 5 cases the patient survived without residual disease. In 4 of the cases sulfamerazine was used in treatment and in 1 sulfathiazole. One of the cases in which the patient received sulfamerazine is not reported in detail since he received one injection of an unknown amount of penicillin intraspinally prior to admission to this hospital. In all cases the diagnosis was confirmed bacteriologically.* No toxic reactions to either drug were noted.

REPORT OF CASES

Case 1.— Figure 3. G. O., a colored male Jamaican aged 22, was admitted to the hospital on Dec. 3, 1943. The history obtained from friends revealed the presence of a severe headache and some fever with chilliness for five days. Sore throat was present for three days, and vomiting occurred twice on the day of admission. Physical examination revealed a temperature of 101.4 F., a pulse rate of 90 and a respiratory rate of 26. The blood pressure was 110 systolic and 74 diastolic. The patient was maniacal, muttering incoherently, and had to be restrained. The neck showed no rigidity, and reflexes were normal. There was a petechial rash over the upper part of the chest and of the arms, and some rash over the abdomen.

Lumbar puncture on admission revealed clear fluid under normal pressure, with 100 white blood cells. Culture of this fluid gave negative results. Three arterial blood cultures collected at two hour intervals were positive for type I meningococcus. Twelve hours after admission the neck was rigid, and lumbar puncture showed very cloudy fluid under greatly increased pressure, with 3,000 white blood cells. Culture of this fluid revealed meningococcus type I. The patient was given sulfamerazine by Levin tube, as no sodium sulfamerazine was available. The dosage shown in figure 3 is based on the number of grams received over a twenty-four hour period.

*Blood cultures were collected in Kracke media and transferred in twenty-four hours to chocolate agar plates. The spinal fluids were placed directly on these plates. Capneic incubation was used.

The convalescence was uneventful except for severe iritis of the left eye, which developed on the eighth day. There were no demonstrable neurologic changes at the time of discharge on the twenty-sixth hospital day.

This patient was admitted in the early stages of meningococcemia, which rapidly progressed to meningitis during the first twelve hours of his hospital stay. The iritis is an unusual complication of this disease, but has been reported previously.[27]

Case 2.—Figure 4. E. K., a colored male Jamaican aged 26, was admitted to the hospital on Dec. 4, 1943. He was maniacal and was restrained with difficulty on admission. Friends stated he had had a generalized headache and general malaise for two days. He had complained of chilliness on the day of admission and had rapidly become uncooperative.

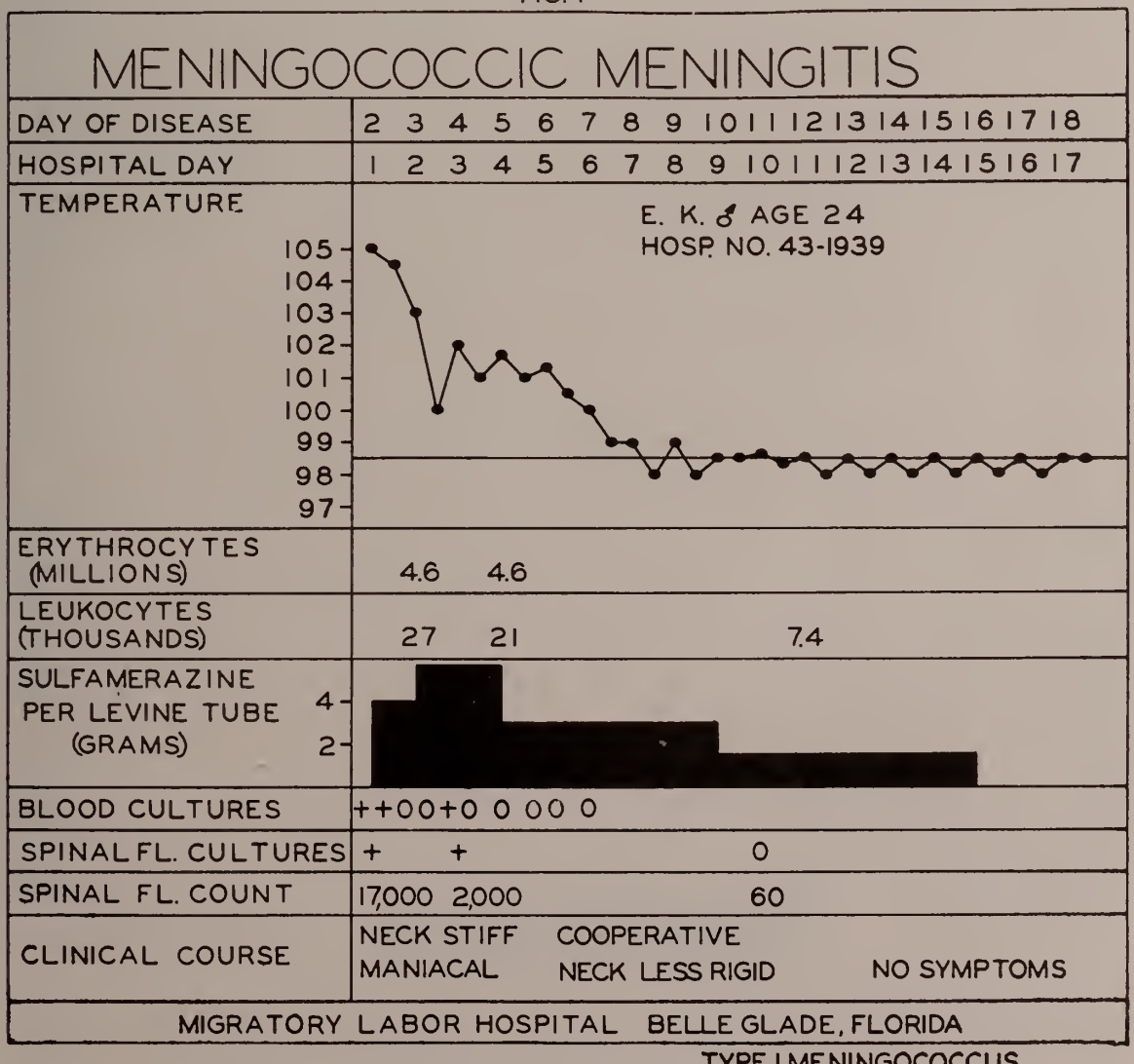
Physical examination revealed a maniacal man with a very rigid neck and hyperactive deep reflexes. The temperature was 105.4 F., the pulse rate was 108, and the respiration was irregular. The blood pressure was 120 systolic and 88 diastolic. The tonsils were inflamed and a slight yellow exudate was noted. No rash was present. Lumbar puncture showed cloudy fluid under increased pressure with 17,000 white blood cells, which were 100 per cent polymorphonuclears. Culture of this fluid revealed type I meningococcus. A blood culture collected on admission was also positive for type I meningococcus.

Sulfamerazine was administered by Levin tube until the fourth day when the patient was cooperative enough to take fluids by mouth. The amount of the drug used and the clinical course are shown in figure 4. No complications occurred, and no residual disease could be demonstrated on dismissal after twenty-seven days in the hospital.

Case 3.—Figure 5. N. S., a colored male Jamaican aged 23, was admitted to the hospital on Jan. 13, 1944. He had noted the onset of severe frontal headache with progressive pain in the back of the neck and across the lumbar region four days before admission. There was progressive stiffness of the neck, and he had vomited three times in the preceding twenty-four hours. There had been slight feverishness for three days.

Physical examination was chiefly remarkable because of extreme hyperirritability. The temperature was 101.6 F., the pulse rate was 84, and the respiratory rate was 22. The blood pressure was 90 systolic and 40 diastolic. The patient was rational, but constantly rolled and turned in bed. The throat was normal, the lungs were clear, and no rash was present. The neck was moderately

FIG.4



rigid, and forced flexion caused pain in the lumbar region. There was present a bilateral positive Kernig sign. Lumbar puncture on admission revealed grossly purulent fluid under increased pressure, with 2,630 white blood cells with an occasional gram-negative diplococcus.

The clinical course is shown in figure 5. The patient remained rational and improved rapidly. Morphine was necessary to control the headache for twenty-four hours. Repeated cultures of the blood and spinal fluid gave negative results. He was discharged after twenty-eight days in the hospital without residual symptoms.

The fourth case observed during this interval is not described in detail since the patient received sulfathiazole. He was a 24 year old Jamaican, admitted in coma. His response to sulfathiazole administered by Levin tube was comparable to that noted in the cases presented, and recovery was complete without complications.

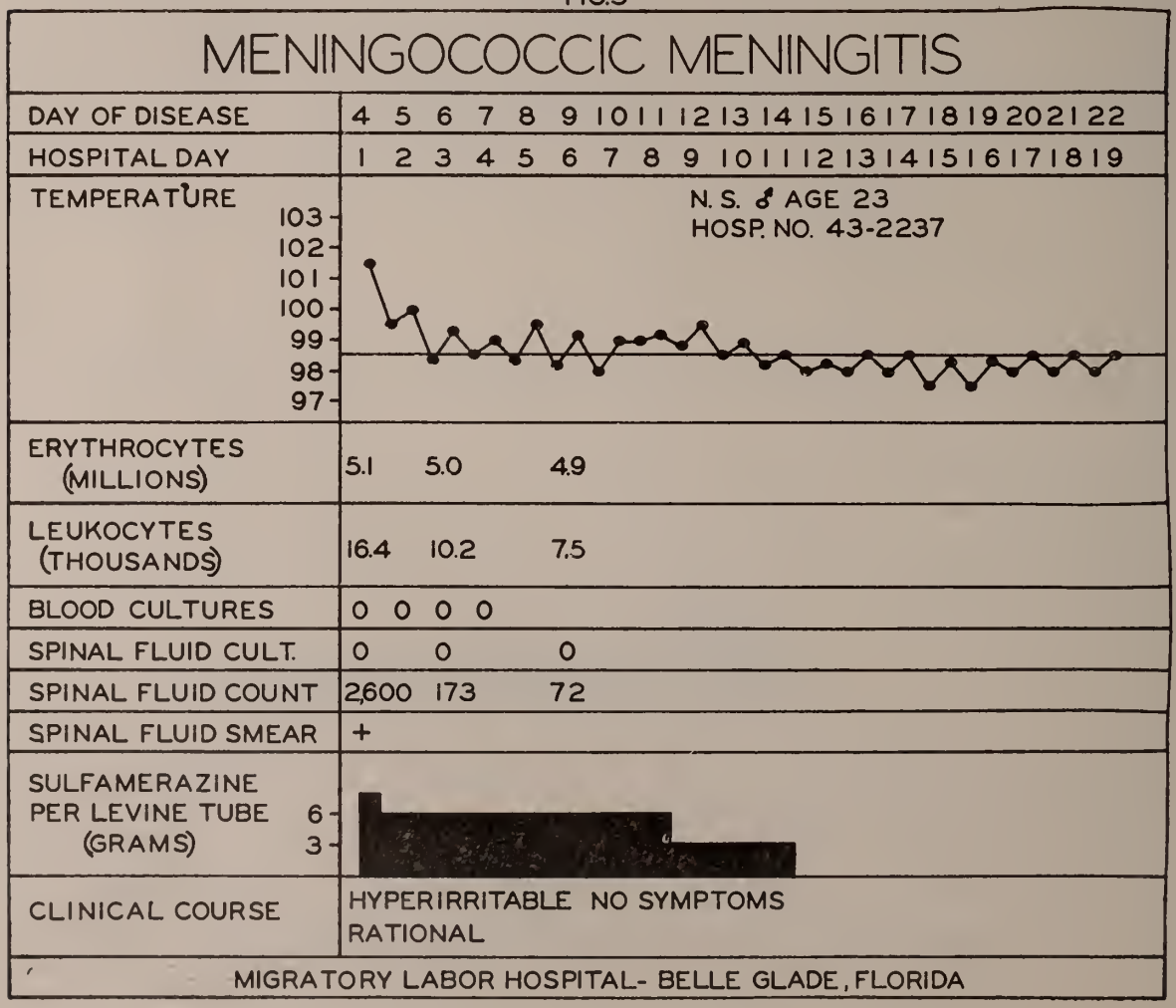
In the fifth case there was an uneventful recovery, but it is not presented in detail since the patient was given one injection of penicillin (amount unknown) intraspinally elsewhere previous to admission. On admission he was given 3 Gm. of sodium sulfamerazine intravenously and 1 Gm. every eight hours by mouth thereafter for six days, when the dose was changed to 0.5 Gm. every eight hours.

In all cases of meningitis it is preferable to give the initial dose of sulfamerazine intravenously. The sodium salt of sulfamerazine should be used as a 5 per cent solution. The hazards of administering drugs and fluids by Levin tube to unconscious patients should be stressed. The drug level in the blood must be carefully followed to regulate the dosage given. Blood levels of 8 to 15 mg. per hundred cubic centimeters are recommended. In the adult an initial dose of 3 to 4 Gm. and 1 Gm. every eight hours by mouth will usually maintain this level with sulfamerazine. Urinalyses and blood counts should be done at regular intervals. Lumbar punctures should be done only for diagnosis and as a guide for therapy.

Adequate intake of fluids should be assured, preferably given by mouth and supplemented as necessary by clysis. An adequate intake should produce a daily urinary output of 1,000 to 1,500 cc.

General supportive care includes adequate sedation, careful application of restraints and constant observation. Adrenal cortex extract should be on hand in the event any signs of the Waterhouse-Friederichsen syndrome develop.[30]

FIG. 5



SUMMARY

The recent progress in the therapy of meningococcic meningitis has been briefly reviewed.

The fact that sulfadiazine and sulfamerazine have proved equally effective in this disease is presented. The choice of these drugs depends on further clinical evaluation of their relative toxicity.

Five cases of epidemic meningitis occurring in South Florida are presented. Three of the cases in which sulfamerazine therapy was used are discussed in detail.

The author wishes to express appreciation to Med Scott Brown, M.T., for her assistance with the hacteriologic studies and the charts presented.

REFERENCES

1. Blumberg, M. L., and Gleich, M.: Newer Concepts in Treatment of Meningococcus Meningtis, Arch. Pediat. **60**: 179-184 (Apr.) 1943.
2. Quoted by Blumberg.[1]
3. Sturdee, E. L.: Congr. Int. Microbiol. p. 533, London, 1936.
4. Gefter, W. I.; Rose, S. B.; Domm, A. H., and Flippin, H. F.: Studies on 2-Sulfanilamido-4-Methyl-Pyrimidine (Sulfamerazine, Sulfamethyldiazine) in Man; Treatment of Meningococcic Meningitis, Am. J. M. Sc. **206**: 211-216 (Aug.) 1943.
5. Hoyne, A. L.: Meningococcic Meningitis; New Form of Therapy, J. A. M. A. **104**: 980-983 (Mar. 23) 1935.
6. Williams, M. I.: Chemotherapy of Cerebrospinal Fever in Childhood, Lancet **2**: 642-643 (Nov. 23) 1940.
7. Beeson, P. B., and Westerman, E.: Cerebrospinal Fever; Analysis of 3,575 Case Reports, with Special Reference to Sulfonamide Therapy, Brit. M. J. **1**: 497-500 (Apr. 24) 1943.
8. Jordan, J. H.; Blakelock, J. H., and Johnson, W. R.: Treatment of Cerebrospinal Fever with Sulphapyridine, Brit. M. J. **1**: 1005-1008 (June 22) 1940.
9. Williams, D., and Brinton, D.: Management of Cerebrospinal Fever Treated with Sulphapyridine, Lancet **2**: 482-485 (Oct. 19) 1940.
10. Daniels, W. B.; Solomon, S., and Jaquette, W. A., Jr.: Meningococcic Infection in Soldiers, J. A. M. A. **123**: 1-9 (Sept. 4) 1943.
11. Hill, L. W., and Lever, H. S.: Meningococcic Infection in Army Camp, J. A. M. A. **123**: 9-13 (Sept. 4) 1943.
12. Lepper, M. H.; Sweet, L. K., and Dowling, H. F.: Treatment of Meningococcic Infections with Sulfadiazine and Sulfamerazine (Sulfamethyldiazine, Monomethylsulfadiazine), J. A. M. A. **123**: 134-138 (Sept. 18) 1943.
13. Gordon, J. E.: Proc. of Asso. for Research in Nervous and Mental Disord. **12**: 453, 1932.
14. Ledingham, J. C. G., and Arkwright, J. A.: The Carrier Problem in Infectious Diseases, London: Edward Arnold, 1912.
15. Clyne, R. M.: Epidemiology of Meningococcus Meningitis, Arch. Pediat. **60**: 24-46 (Jan.) 1943.
16. Kuhns, D. M.; Nelson, C. T.; Feldman, H. A., and Kuhn, L. R.: Prophylactic Value of Sulfadiazine in Control of Meningococcic Meningitis, J. A. M. A. **123**: 335-339 (Oct. 9) 1943.
17. Gray, F. C., and Gear, J.: Sulphapyridine M & B 693, as Prophylactic Against Cerebrospinal Meningitis, South African M. J. **15**: 139-140 (Apr. 12) 1941.
18. Keefer, C. S., and others: Penicillin in Treatment of Infections; Report of 500 Cases; Statement by Committee on Chemotherapeutic and Other Agents, Division of Medical Sciences, National Research Council, J. A. M. A. **122**: 1217-1224 (Aug. 28) 1943.
19. Brinton, D.: Cerebrospinal Fever, Edinburgh: E. & S. Livingstone, 1941.
20. Branham, S. E.: Comparison of Rabbit and Horse Serums in Meningococcus Infections, Pub. Health Rep. **58**: 478-483 (Mar. 19) 1943.
21. Christie, A. B.: Unusual Meningococcal Relapse Syndrome, Lancet **2**: 641-642 (Nov. 28) 1942.
22. Welch, A. D., and Others: Sulfamerizine (2-Sulfanilamido-4-Methylpyrimidine); Comparison of Sulfamerizine with Sulfadiazine on Basis of Absorption, Excretion and Toxicity, J. Pharmacol. & Exper. Therap. **77**: 357-391 (Apr.) 1943.
23. Goodwin, R. A., Jr., Peterson, O. L., and Finland, M: Absorption and Excretion of Sulfamethyldiazine (2-Sulfanilamido-4-Methyl-Pyrimidine) in Human Subjects, Proc. Soc. Exper. Biol. & Med. **51**: 262-265 (Nov.) 1942.
24. Murphy, F. D.; Clark, J. K., and Flippin, H. F.: Studies on 2-Sulfanilamido-4-Methyl-Pyrimidine, Sulfamethyldiazine) in Man; Absorption, Distribution, and Excretion, Am. J. M. Sc. **205**: 717-726 (May) 1943.
25. Clark, J. K.; Flippin, H. F., and Murphy, F. D.: Studies on 2-Sulfanilamido-4-Methyl-Pyrimidine (Sulfamerazine, Sulfamethyldiazine) in Man; Toxic Manifestations, Am. J. Med. Sc. **205**: 846-851 (June) 1943.
26. Dowling, H. F.; Dumoff-Stanley, E.; Lepper, M. H., and Sweet, L. K.; Relative Toxicity of Sulfamerazine and Sulfadiazine, J. A. M. A. **125**: 103-105 (May 13) 1944.
27. Hageman, P. O.; Harford, C. G.; Sobin, S. S., and Ahrens, R. E.: Sulfamerazine; Clinical Study of Its Pharmacodynamics, Therapeutic Value and Toxicity, J. A. M. A. **123**: 325-330 (Oct. 9) 1943.
28. Flippin, H. F.; Reinhold, J. G., and Gefter, W. I.: Symposium on Medical Emergencies on Home Front; Sulfamerazine; Clinical Evaluation in 400 Cases, M. Clin. North America **27**: 1447-1462 (Nov.) 1943.
29. Hall, W. H., and Spink, W. W.: Sulfamerazine; Clinical Evaluation in 116 Cases, J. A. M. A. **123**: 125-131 (Sept. 18) 1943.
30. Harries, G. E.: Cerebrospinal Fever; Review of 500 Cases Treated by Chemotherapy Without Intrathecal Serum, Brit. M. J. **2**: 423-425 (Oct.) 1942.
31. Jubb, A. A.: Chemotherapy and Serotherapy in Cerebrospinal (Meningococcal) Meningitis; Analysis of 3,206 Case Reports, Brit. M. J. **1**: 501-504 (Apr. 24) 1943.

A HISTORY OF MEDICINE IN DUVAL COUNTY

INSTALLMENT III

WEBSTER MERRITT, M. D.
JACKSONVILLE

At the turn of the midcentury Jacksonville, because of its healthful climate, had become known as a resort for invalid tourists. On Dec. 25, 1849, William J. L'Engle, who later practiced medicine in Jacksonville, wrote: . . . "There are more invalids in town this winter than there ever has been. All the boarding houses are full and several private families have prepared rooms to take a few . . . there are no less than nine houses going up . . . and the value of real estate is increasing."[42] During the winter of 1849-1850 nearly two hundred tourists could find no accommodations in the town.[43]

Early in the summer of 1850, Jacksonville experienced its first epidemic of disease. Familiarly referred to as bone,[44] bone-ache,[45] broken-bone[46] and bilious fever,[47] the disease was in reality dengue fever[48] and was characterized by severe aching and prostration of several days' duration. So extensive was the epidemic that in many families every grown person was in bed at the same time;[46] business transactions were paralyzed temporarily, and industry suffered. The editor of the Florida News on August 24 wrote: "Owing to an epidemic form of bilious fever, familiarly termed the 'bone-ache fever,' from which hardly anyone in town has escaped, the effective force of our office force has been reduced to one apprentice . . ."[45] One week later the editor stated that the apprentice also had contracted the fever and that compositors from the Republican Newspaper, furnished by Mr. Columbus Drew, worked at



MAP OF JACKSONVILLE, FLORIDA, ISSUED ABOUT 1859.[67] OWNED BY THE JACKSONVILLE PUBLIC LIBRARY

1. *The darkened portion in the lower middle of the map represents the area which was destroyed by the fire of* 1854. 2. *The Duval County Medical Society was founded in* 1853 *on the northeast corner of the block just south of Block* 2. 3. *The Buffington House pictured in upper portion of map and located on the northeast corner of Block* 11 *was the site where the smallpox epidemic began in* 1854. *Jacksonville's first Hospital, built in* 1854, *was located on the northeast corner of Block* 98. 5. *The disastrous yellow fever epidemic of* 1857 *began just north of McCoy's Creek pictured in the lower left hand corner of the map.*

night in order to issue the News.[49] The epidemic reached its height in August and came to an end in late September. Although the disease prostrated its victims, there were no deaths.[46] Mr. Richard P. Daniel, then a medical student at the University of Pennsylvania School of Medicine, and later a practitioner in Jacksonville, made a study of the epidemic before returning to school for his senior year, and in 1851 his graduation thesis was entitled "Dengue as It Appeared in Jacksonville in 1850." The University of Pennsylvania has preserved in its library the theses of thousands of its early graduates, but that of Dr. Daniel unfortunately has been lost or mislaid. These old manuscripts are in the process of being reviewed, reclassified and filed at the present time, and it is hoped that the thesis on dengue fever as it appeared in Jacksonville at that early date will be found.[48]

During the summer and fall months of the early eighteen-fifties there was another type of fever in Jacksonville and Duval County which members of the medical profession described as being intermittent, open and active, rarely formidable and scarcely ever congestive. Most of this fever was probably due to malaria. Some of the physicians of that day observed that among persons living upon the border of the river there was a high incidence of the fever, while among those living along the sea coast or within the salt marshes of the county the incidence was low. It was believed that a wet summer followed by a dry fall was apt to affect the river level, bring about exposure and decay of the river grass, and produce more of the fever.[50]

On May 31, 1852, Dr. H. D. Holland was elected Intendant of Jacksonville to fill the vacancy created by the resignation of Mr. Oliver Wood.[51] Prior to this election no physician had ever been elected to serve as Jacksonville's chief executive. Mr. Columbus Drew wrote in the Florida Republican of June 3: "In the choice of Dr. Holland the corporation has secured that, which in our transition from a quiet little village to a busy centre of population and commerce, is so much required in its chief executive—a combination of the qualities of firmness, impartiality and public spirit."[52]

Dr. Holland and the city council went to work immediately. June 3, they passed Jacksonville's first ordinance to prevent the importation and spread of contagious or infectious diseases. The ordinance was divided into seven sections and provided: that it would be unlawful for any captain, mate, or pilot to bring into Jacksonville any person suffering with cholera, yellow fever or smallpox under a penalty fine of $20 or five days imprisonment for each person so brought and for every day each person remained within the town; that on approaching the town every vessel with a sick person on board would be required to stop outside the limits of the town and hoist a signal for a physician; that the Port Physician or Health Officer would be required to report to the Intendant; and that the Port Physician would be paid $10 for the first visit and $5 for each subsequent visit to a ship.[53]

Jacksonville's first Board of Health was created at a meeting of the town council on June 18, 1852. On motion of Mr. Samuel Buffington "that the Intendant [Dr. Holland] appoint a Board of Health for the ensuing year, the following were duly appointed:

"For the upper ward, west of Pine [Main] Street to corporation limits—Dr. W. S. Baldwin, George H. Smith, and Walter Kipp.

"For the middle ward, all east of Pine Street to Market Street—Dr. Charles Byrne, George A. Turknett, Sr., and Morris Kiel.

"For the Eastern or Lower Ward, from Market Street to Hogan's Creek—Dr. J. S. Murdoch, J. E. Townsend and Joseph A. Barbee."[54]

At this same meeting, the new cemetery (now called the old city cemetery, located on Union Street), which was a gift of Captain C. Willey to the town, was accepted with thanks, and Captain Willey was offered a lot of his choice.[54] On July 16 the cemetery was named "Willey Cemetery."[55] On Feb. 28, 1853, Dr. Baldwin, as secretary of the St. John's Episcopal Church, announced that there would be no further burials on grounds belonging to the church.[56]

Whether this unusual interest in health and sanitary measures indicated that there was disease in Jacksonville of undue proportion during 1852 is a matter of conjecture,[57] but whatever the reason, it was greatly to Dr. Holland's credit and decidedly to the advantage of the town's residents that these health measures were instituted promptly.

In April, 1853, Dr. Holland retired as Intendant, and his place was taken by the Reverend Mr. Isaac Swart, in some respects a peculiar man, but one, nevertheless, who was active. Jacksonville's first hospital, described later, was con-

structed under his direction. On May 12, the city council passed an ordinance which provided for a port physician, who was to be elected annually. Dr. Holland was elected to be Jacksonville's port physician, defeating Dr. W. J. L'Engle, who had just begun the practice of medicine in Jacksonville.[58]

The Florida Republican published on May 19, 1853, the following significant notice: "The physicians of Duval County are requested to meet in Jacksonville on Wednesday evening, next, the 25th inst. at the office of Dr. L'Engle, for the purpose of organizing a county medical association."[59] The meeting was held on that date, an association was formed, and it was named "The Duval County Medical Society." Dr. John S. Murdoch was elected the first president of the society, Dr. W. J. L'Engle the first secretary, and Dr. Richard P. Daniel the first treasurer.[60] Dr. A. S. Baldwin, a charter member, was largely responsible for the founding and organization of the society.[61, 62, 63, 64] Drs. H. D. Holland and J. G. Dell were also charter members.[63] There were two important physicians in Jacksonville at that time, Dr. J. D. Mitchell and Dr. D. C. Ambler, who probably were not charter members of the society.

The Duval County Medical Society thus was born in the Republican Building on Bay Street at the southwest corner of Market on May 25, 1853. So far as the author has been able to determine, there was no other county medical society in the state of Florida until after the close of the war between the states.

Since the eighteen-forties Jacksonville had became a properous little town. June 3, 1853, Mr. Columbus Drew in an editorial wrote: "In 1848 there was but one saw mill adjacent to the town. Now there are no less than fourteen. . . . The demands for these for supporting sawed lumber require three hundred vessels per year. . . . Since 1850 the town has doubled in population and size also. . . . This is the state of things without plank, rail or even good common roads [though] a plank road for seventy miles westward [is] now under construction. If the place has become this important despite disadvantages and without these aids what may it become when possessed of them?"[65]

In July, 1853, the city council decided to remove the market house, located at the foot of Ocean Street, and build a new one.[66] It had been built for a meat market about 1840, but had served as a market for both meat and fish after the original fish market had been transformed into a jail.[67] The Ocean Street Market, dirty, odorous and insanitary, had become a liability to the health of the community, for the butchers frequently were ill. The "market committee" reported August 11 that it had contracted with a Mr. Barbee to build a new market in place of the old,[68] and not long afterward the stalls were ready to be "let."

In late August, 1853, the city council made no change in the Board of Health except to appoint Dr. H. D. Holland to take charge of the middle ward. He succeeded Dr. Charles Byrne, who had died on March 1.[70]

On the last day of the year an editorial in the Florida News stated: "The closing year has been one of peace, general prosperity and plenty and it is hoped that the year 1854, at its close, will present the same happy result. . . ." Such was not to be the case, unfortunately, for 1854 was to be a year of fire, sickness and sorrow.

The manner in which the smallpox epidemic began in the early spring of 1854 is of considerable interest. In the reminiscences of several old citizens, recorded by Mrs. W. M. Bostwick and furnished the author by Mr. T. Frederick Davis, it is stated that a smallpox epidemic occurred in 1853, several years after the broken-bone fever.[46] There is probably an error of one year in this date, but the circumstances of the epidemic certainly are correct.*

Mr. J. W. Bryant, a prominent lawyer of the town, had gone to Georgia on legal business and had been exposed to smallpox. Upon his return to Jacksonville he was taken ill at the Buffington House, where many friends visited him before the character of the disease was recognized. Other patrons of the Buffington House soon contracted the infection, sporadic cases appeared throughout the town, and eventually the disease became fairly general among the colored people as well as the white.[67] The epidemic was moderately severe, and many of the afflicted were badly pitted;[46] but on June 15 it was reported that not more than 15 deaths had resulted and that the disease almost had disappeared.[71]

Late in March, about the time the smallpox was becoming prevalent, scarlet fever broke out

*It is gratifying to find that in most all instances the reminiscences of these old citizens are accurate and dependable. Mr. Davis in his evaluation of their reports has presented as historical data only material that was agreed upon by the memories of two or more old citizens. Without these data the historical knowledge of early Jacksonville would be much more meager.

in the Turknett home and decimated that family. There is a theory that the disease was introduced into Jacksonville by sailors from a boat on which a member of the crew had scarlet fever. Little Ally Dell, who was taken down to the boat yard by her nursemaid, is supposed to have played with the sailors. A few days later she was taken desperately ill and in late February died in the lap of Mrs. Mary Turknett, who nursed her. A diagnosis of scarlet fever was not made until her body was prepared for burial, and the skin was seen to be peeling. The skirt which Mrs. Turknett wore when she shrouded little Ally's body was not worn again until one month later, whereupon scarlet fever broke out in her family.[67] This theory is of interest, but in whatever manner the disease began, the Turknett family received a devastating blow, for five grown sons, Elliot, Louis, Charles, Robert, and Alex, died between April 2 and April 19. Louis, Charles and Robert died on consecutive days, April 8, 9 and 10.[72] When it is considered that there were only 12 deaths due to scarlet fever in the whole town[71] and that 5 of them were in the Turknett family, one is tempted to conclude that the disease probably remained well localized in one section of Jacksonville.

While the two epidemics were in progress, a huge fire broke out on April 5, which destroyed much of the town including both newspaper buildings.[67] The Florida Republican got out a special edition the following day and then was not published again until June 15, while The News did not appear until July 8. Information covering this period is, in consequence, somewhat meager. No medical records are available.

On June 15, the editor of the Florida Republican, quoting "reports of physicians," stated that there had not been more than 15 deaths from smallpox and not more than 12 deaths from scarlet fever. It was stated that the diseases had assumed a prevailing form prior to April 10, that on June 15 there was no scarlet fever and only one case of smallpox, and that the latter was confined to a hospital in the outskirts of the town.[71]

This hospital, called the City Hospital, Jacksonville's first, is of interest. In the council chamber on July 18, 1854, the Reverend Mr. Isaac Swart made the following report: "The Intendant to whom was entrusted the duty of purchasing a lot and causing suitable buildings to be erected thereon for a City Hospital respectfully begs leave to report: That he bought of Colonel I. D. Hart, one lot for one hundred dollars to which he added another by gift; a deed of both lots, five and six, in square ninety-eight, is hereby presented to the council for its inspection. Upon the North East corner of said square, bordering on Julia Street, he has caused to be erected two buildings—one of which is fifty feet long by twelve feet wide; the other twenty-two feet long by seventeen feet wide with a chimney of brick.—It is hoped these buildings will be sufficient for years to come. He submits for your examination and approval, the various accounts and vouchers for the expense of this enterprise, amounting to $498.45.

I. Swart, Intendant."[73]

Approval was expressed as follows:

"The special committee to whom was referred the report of the Intendant begs leave to report that they have examined the same, and find them correct and recommend their approval. They further recommend that the thanks of this council be tendered his honor, the Intendant, for the prompt and efficient manner in which he has acted."

George W. Cole
S. N. Williams."[73]

From 1854, the year of smallpox and scarlet fever, until 1857, the year of the frightful yellow fever epidemic, the health of the community was apparently good. Hence, during this three year period, there is little history of medical interest to be recorded. Perhaps it would be well at this point to examine some of the factors which affected the health of the public and to discuss some of the problems of the people.

Physicians of Jacksonville realized that a good water supply was important to the health of the community, but no water works system had been conceived, and the means of supplying good drinking water in adequate quantity was an unsolved problem. In early July, 1852, a committee previously appointed to designate the location for public wells, reported that it had selected the lower end of Laura Street at Bay, between Mr. Kipp's and Mr. Bisbee's residences, and recommended that they be dug at once.[55] These public wells supplemented the privately owned wells and furnished most of the drinking water for the residents of the town.

In a few instances there were cisterns. Rain water taken from cisterns was filtered through an unglazed, cone-shaped vessel set in a frame, cone

end down, and allowed to fall, a drop at a time, into a smaller vessel underneath, called a monkey. This water was clear and, when cold, was considered a great luxury.[46]

Although Dr. John Gorrie, who lived in Apalachicola, had invented an artificial ice machine in 1850,[75] artificial ice was not yet available in Florida for commercial purposes. Ice was brought to Jacksonville in sailing vessels from the north, but seldom could be obtained.[67] Lemonade and tamarind water were the principal soft drinks. Tamarinds, a species of bean grown in the tropic islands, were placed in a pitcher; hot water was poured over them and then allowed to cool. This decoction, to which no sugar was added, had a semiacid taste and was considered healthful.[46]

The year 1857 long will be remembered as the year of the great pestilence. The residents of Jacksonville frequently had encountered reverses and suffering during these early years, but never had they been called upon to undergo the horrors that were to be their lot in that fateful summer and fall of 1857. During the early summer, which was hot, rainy and murky, "the pond" between Jacksonville and LaVilla, about where Broad Street now is located, was first divested of its forest and undergrowth, and the sun was allowed to shine upon the morass. Excavation for a railroad was made from Bay Street west, and a track was thrown up cross the border of the partially drained little body of water.[76] In August, soon after this change, a malignant grade of yellow fever broke out on the border of the pond and spread along the span of McCoy's creek, which was a dirty, stagnant little stream of water flowing through a low, marshy area.

Dr. W. M. Bostwick, a prominent dentist in Jacksonville, remembered in later years that the disease started at Mr. Nathan Vaught's house, which stood on a bluff just east of the intersection of Bay and Broad Streets, and that the disease had been brought to Jacksonville by Mr. Vaught on his return from a trip to Saint Marys, where an epidemic was raging.[67] This account is probably true, although the medical authorities then and later believed that the disease had originated in the soil that had been disturbed during the summer. Until the true method of transmission of the disease became known, people were cautioned not to "stir" the soil during the summer months.[76]

After the Vaughts, the McFall family became afflicted, and then the disease spread to the Currys, who lived close by on the banks of the creek. Residents of Jacksonville went out to this locality, then well beyond the limits of the town, to nurse the sick.[67] Soon the contagion spread, and by August 24 it had assumed true epidemic proportions.[77] Most of the residents fled from Jacksonville, leaving not more than five hundred persons in town. Grass grew up in the deserted streets, the steamers would not dock, and Jacksonville was isolated from the world. Except for one drugstore, there was an entire suspension of business.[57] This drugstore, founded in 1856 by Mr. E. P. Webster, was located at the corner of Bay and Ocean Streets.[78] Mr. Webster, affectionately called Dr. Webster by the people of Jacksonville, kept his store open throughout the entire epidemic and furnished medicine and supplies free of charge to those who were unable to pay. Physicians and members of the clergy, aided by a few courageous citizens, remained to nurse the sick, to dispense food and clothing, and to bury the dead.[57]

Some families suffered unusually heavily. All twelve members of the Mott family had the disease, and nearly all of them died.[67] The Turknett family, which had lost five sons in the scarlet fever epidemic of 1854, lost the father of the family and another son as the result of yellow fever.[72]

The Reverend Mr. W. W. Bours, Rector of the Episcopal Church and one of Jacksonville's best loved citizens, returned from his home in New York to Jacksonville in September as soon as he learned of the epidemic. On the boat with Mr. Bours were Dr. and Mrs. Baldwin, who also had been in New York during the summer. Mrs. Baldwin, who had served as a helpmate and constant companion during Dr. Baldwin's early years in Jacksonville, contracted the disease and died on October 4.[62] Mr. Bours visited the sick daily, became ill during his ministrations and succumbed November 2.[79]

On October 26, there was an early frost,[67] which, it was hoped, would bring the epidemic to an end, but these hopes were in vain. In late November Mr. Moore, editor of the Florida Republican, fled to Tallahassee and reported that "the sickness had not abated in Jacksonville" and that "several of the leading citizens were lying extremely low."[80]

The freeze of November 20 apparently killed the mosquitoes, and soon the epidemic vanished. On December 7, Dr. J. D. Mitchell wrote to the

editor of The Florida News: "I am happy to inform you and your numerous patrons that the Yellow Fever which has been prevailing here to an alarming degree since August 24, has entirely disappeared. I would say to all who have been staying away on account of the epidemic that our town has never been in a more healthy condition than at the present time. Absentees are returning and business which has for the last three months been almost entirely suspended has put on a more cheerful and lively appearance."[77]

It was reported that approximately 600 persons in Jacksonville had the disease and that 127 died.[57] This high mortality rate, almost 20 per cent, was much greater than that of the yellow fever epidemics which were to occur in 1877 and 1888.

It is entertaining, rather than disturbing, to follow the inaccurate and misleading editorials written during the epidemic by Mr. Joseph F. Rogero, editor of the Florida News. The tone of the editorials indicates an intent to protect the business interests of the town and to promote tourist trade rather than a desire to present the facts. In the issue of the Florida News of Sept. 26, 1857, about one month after the epidemic had assumed alarming proportions, Mr. Rogero wrote: "We have taken pains to make very general inquiry in reference to the sickness in town. We have seen all the physicians and are assured that our city and its environs are free from disease. Our worthy mayor, C. C. Gibbs, has for the last ten days made daily visits to all portions of the city and has added his endorsement to the above. Our friends abroad may rest assured that the reports of great mortality and sickness are fabulous. There is not now a serious case of illness here. . . ." On October 10, Mr. Rogero wrote: "Circumstances over which we have no control compels us to issue the News this week short of matter. Our office has for the last month been sorely afflicted by sickness. . . . There are a few alarmists in our midst who seem determined at any cost to our town's property to induce the belief both at home and abroad that we have yellow fever among us . . . the opinion of the united medical faculty of the town and that of gentlemen familiar with the appearance of the disease . . . [permits us] to say [that] there is not, nor has there been a case of yellow fever in Jacksonville. . . ."

No issues of the Florida News are available after this date until December 12, when Mr. Rogero wrote: "After a suspension of a few weeks its affords us pleasure to once again doff our beaver and make our generous patrons a very low bow. Their indulgence is fully appreciated and we will endeavor in the future to make them our accustomed weekly visits—and will also make every effort to render ourselves more than entertaining.—Every vestige of the epidemic which has for two months raged with such malignity and unabated fatality has at last disappeared. . . . During the past two weeks we have been in the enjoyment of delightful spring-like weather. . . . The effect of this has not been as many had feared, to cause the awful epidemic to rage in our midst [again].

"By none can such weather as we are being blessed with be more fully enjoyed than by those who are recovering from attacks of the disease. Heaven grant that those who have passed through the 'fiery furnace' of the dreadful scourge may be fully restored to their former state of health, and long live to inhale the genial and balmy air with which they are at present being blessed. Jacksonville is at present as healthy as it ever was. Our citizens who absented themselves during the prevalence of the epidemic, have nearly all returned and every northern steamer is bringing hither the health seeking invalid as well as numerous other strangers whose missions are either those of business or pleasure."

Toward the end of December Mr. Rogero moved the Florida News to Fernandina and in the first issue from there, early in January, 1858, said that he was very happy in his new location, that the sound of the hammer and the smell of the ocean were exhilarating, and that he felt sure Fernandina would become the metropolitan seaport of the southeast.

BIBLIOGRAPHY

42. Letter from William Johnson L'Engle to his father's sister, Leonis L'Engle. Original in the possession of Mrs. C. W. Camp. Copy furnished author by Mr. Richard P. Daniel.

43. Letter written by Hyman Eastman, Nov. 5, 1850. Florida Historical Society Library, St. Augustine.

44. Florida Republican, Jacksonville, Florida, September 26, 1850. Library of Congress.

45. The News, Jacksonville, Florida, August 24, 1850. Library of Congress.

46. Reminiscences of old citizens, recorded by Mrs. W. M. Bostwick. Manuscript furnished author by Mr. T. Frederick Davis.

47. Florida Republican, August 1, 1850. Library of Congress.

48. Letters dated August 14 and September 13, 1944, from Dr. William Pepper, Dean of the University of Pennsylvania School of Medicine.

49. The News, Jacksonville, Florida, August 31, 1850. Library of Congress.

50. "Our Malarial Fever." Delivered before the Duval County Medical Society about 1876, Dr. Richard P. Daniel. Original manuscript furnished author by Mrs. R. D. May, Jacksonville, Florida.

51. Florida Republican, April 8, 1852. Library of Congress.

52. Ibid, June 3, 1852.
53. Ibid, June 10, 1852.
54. Ibid, July 1, 1852.
55. Ibid, July 8, 1852.
56. Ibid, March 3, 1853.
57. Old Citizens, Tri-weekly Sun, January 25, 1876. Florida Times-Union Archives.
58. Florida Republican, May 12, 1853. Library of Congress.
59. Ibid, May 19, 1853.
60. Ibid, July 14, 1853.
61. The Book of Jacksonville, S. Paul Brown, 1895.
62. The Florida Times-Union and Citizen, December 9, 1898.
63. Memoirs of Florida. Vol. II, R. H. Rerick, 1902.
64. History of Florida Past and Present, H. G. Cutler, 1923.
65. Florida Republican, June 3, 1853. Library of Congress.
66. Florida News, Jacksonville, Florida, July 30, 1853. Library of Congress.
67. History of Jacksonville, Florida and Vicinity, T. Frederick Davis, 1925.
68. Florida Republican, August 8, 1853. Library of Congress.
69. Florida News, November 5, 1853. Library of Congress.
70. Florida Republican, September 1, 1853. Library of Congress.
71. Ibid, June 15, 1854.
72. Record book of the Old City Cemetery. Confirmed by information on the gravestones.
73. Florida News, July 29, 1854. Library of Congress.
74. Ibid, August 12 and 19, 1854.
75. Dr. John Gorrie; Annals of Medical History, Vol. III, No. 4, 1931, Edward Jelks, M. D.
76. Report of Health Committee, Daily Sun and Press, December 5, 1877. The Florida Times-Union Archives.
77. The Florida News, December 12, 1857. Library of Congress.
78. Florida Republican, February 4, 1857. Library of Congress.
79. The Republican, Savannah, Georgia, November 9, 1857. Library of Congress.
80. Floridian and Journal, Tallahassee, Florida, November 28, 1857. Library of Congress.

ABSTRACTS OF MEDICAL ARTICLES

SURGICAL PLAN OF A TROPICAL STATION HOSPITAL, CAMP, MAJ. MILTON N., M.C., A.U.S., MIL. SURGEON **94**: 281-282 (MAY) 1944.

Recently returned from tropical overseas duty, Major Camp describes the surgical plan of a tropical station hospital, the construction of which was of necessity determined by its location and the material and personnel available. Utilization of lumber, screen and cement resulted in the establishment of an institution comparing favorably with similar installations within the continental United States.

The operating pavilion with its ventilated single-gable rubberoid roof has walls of 5 feet of ship-lapped siding with 1 foot of screening below and 2 feet at the top. The floors are of cement. Five completely screened rooms approximately 17 feet square serve as two major and one minor operating room, an orthopedic room and an anesthesia room, all of which can be utilized for operating rooms in an emergency. Each has an adjustable operating table with a pad, a standard portable operating lamp and an improvised mobile light constructed from reflectors used for lighting air fields. A portable orthopedic table and two suction machines are available as part of the hospital equipment. One of the suction machines, converted into an ether vaporizer for anesthesia, provides a most useful mobile unit for administering ether and nitrous oxide.

Other salient features include sinks in the scrub rooms and clinic building improvised from galvanized iron urinal troughs, a hot box in one storage room for the prevention of the growth of mold on supplies, and a pontoon tank converted into a storage tank for collecting water from a roof. Because of the heavy precipitation from the raw water, this rain water is used to supply the generator, located just outside the sterilizer room, which supplies the steam for operating the autoclave, an instrument sterilizer, a utensil sterilizer and two water sterilizers. A portable delouser machine supplies hot water for the physical therapy department.

At the main entrance of the surgical building screened double doors 8 feet apart provide not only a flytrap but also a mudtrap, which consists of two benches with a shelf below containing mud-free sandals. Screened covered runways lead to the roentgenologic building, to a sixty bed ward and on from ward to ward, expediting the transfer of patients by litter and of portable x-ray equipment.

Each surgical ward is constructed of three 20 by 50 feet prefabricated huts. A similar hut houses a clinic building for surgical, orthopedic and genitourinary consultation, and also for the physical therapy department. Another prefabricated hut is used for the eye, ear, nose and throat clinic.

The plan adopted and the equipment improvised have proved adequate to meet the needs, and "making something out of something else" has afforded genuine satisfaction and pleasure. A description of the plan is presented in the hope that it may offer helpful suggestions for use in the hospitals that are daily being established in all parts of the world as a result of the present global war.

BUY WAR BONDS

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45..*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Foliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Council C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B 46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46....*Tallahassee*
Third—Lucien Y. Dykenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Enstis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

*Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
Edward Jelks, M.D., Delegate.....*Jacksonville*
Meredith Mallory, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
HOMER L. PEARSON, M.D.....*Miami*

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
WEBSTER MERRITT, M.D.....*Jacksonville*
FRANK C. METZGER, M.D.....*Tampa*
LLOYD J. NETTO, M.D.....*West Palm Beach*
RALPH SAPPENFIELD, MAJOR (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
HOMER L. PEARSON, M.D., Chairman.....*Miami*
ARTHUR L. WALTERS, M.D.....*Miami Beach*
HERMAN WATSON, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....*Jacksonville*
JOSEPH C. FLYNN, M.D.....*Tampa*
THEODORE F. HAHN, M.D.....*DeLand*

Board of Past Presidents

H. MARSHALL TAYLOR, M.D., 1923, Chm.....*Jacksonville*
WALTER C. JONES, M.D., 1941, Secy.....*Miami*
ROBERT H. MCGINNIS, M.D., 1915.....*Jacksonville*
FREDERICK J. WALTER, M.D., 1918.....*San Diego, Calif.*
WILLIAM E. ROSS, M.D., 1919.....*Jacksonville*
JOHN C. VINSON, M.D., 1924.....*Tampa*
JOHN S. MCEWAN, M.D., 1925.....*Orlando*
H. MASON SMITH, M.D., 1926.....*Tampa*
JOHN A. SIMMONS, M.D., 1927.....*Arcadia*
FREDERICK J. WAAS, M.D., 1928.....*Jacksonville*
HENRY C. DOZIER, M.D., 1929.....*Ocala*
JULIUS C. DAVIS, M.D., 1930.....*Quincy*
GERRY R. HOLDEN, M.D., 1932.....*Jacksonville*
WILLIAM M. ROWLETT, M.D., 1933.....*Tampa*
HOMER L. PEARSON, M.D., 1934.....*Miami*
HERBERT L. BRYANS, M.D., 1935.....*Pensacola*
ORION O. FEASTER, M.D., 1936.....*St. Petersburg*
EDWARD JELKS, M.D., 1937.....*Jacksonville*
W. HENRY SPIERS, M.D., 1938.....*Orlando*
LEIGH F. ROBINSON, M.D., 1939.....*Ft. Lauderdale*
J. SAM TURBERVILLE, M.D., 1940.....*Century*
GILBERT S. OSINCUP, M.D., 1942.....*Orlando*
EUGENE G. PEEK, M.D., 1943.....*Ocala*

STATEMENT BY

DR. JOHN R. BOLING, PRESIDENT, FLORIDA MEDICAL ASSOCIATION

PREPARED FOR THE

UNITED STATES SENATE SUBCOMMITTEE ON

WARTIME HEALTH AND EDUCATION

CLAUDE PEPPER, CHAIRMAN

GOAL

The goal of postwar medicine is threefold. The primary objective is to provide medical care for the entire population. It should be available at minimal prepaid cost for persons able to pay and without cost for those unable to pay. The attainment of this care hangs upon the second objective, likewise basic, which is to maintain the independence of the medical profession. As the profession has in the past constantly endeavored to make and keep the quality of the service an essential feature of any worthy medical plan, so in the future it should continue to be responsible for the high quality of medical care, for hospital and educational standards, and for postgraduate study and research. In no way whatsoever should it be subjected to political or governmental bias, influence, or control. No less fundamental, the third objective is to indicate the sphere of action of the government, federal, state, county and city, which will in greatest degree aid the profession in evolving a completely adequate system of distribution of medical service of high quality without infringing upon its inalienable professional rights.

Editor's Note—This statement resulted in Dr. Boling being voted Doctor of the Month by the publication "Medical Economics." It is reproduced in the editorial pages of this Journal for the benefit of our readers.

PREPAYMENT HEALTH-INSURANCE PLANS

That the phenomenal growth of insurance institutions, and the tremendous progress of medical science in recent decades have had their impact on national health consciousness is reflected in the trend of sentiment today regarding medical care. The laity as a whole is looking with favor and the workman is demanding, for the postwar period, a method or plan of medical service within reach of every pocketbook. Already there are some thirty million persons in the United States covered by hospital prepayment plans, half of them by the Blue Cross plans and the remaining half by the private hospitalization plans. Prepayment health-insurance plans, numerous as they are at present, have all been altered since their inception by the medical profession through its careful study and experimentation to effect the improvements necessary to assure efficiency and guarantee the interests of the public. The time approaches when from all this experimentation there should and will evolve a system of health insurance, for the great majority, suited to America's characteristic individualism and distinctive way of life. The success of such an insurance plan is contingent upon the strict limitation of its operation to the economic sphere.

For those able to pay, there should be voluntary hospitalization and medical expense insurance. The hospitalization insurance should include only those services unequivocally within the realm of hospital care, and medical insurance should include all professional services. For those unable to pay, there should be improvement, amplification and modernization, both in

equipment and personnel, of the existing state, county and city health departments and programs. In this comprehensive program the role of the government is obviously one of finance. Federal grants-in-aid through state health departments, with state, county and city needs being determined locally, would enable the government to make possible and expedite progress toward nationwide attainment of adequate medical care for all.

RURAL HOSPITALIZATION

The government is in a position to make a constructive contribution to the solution of the problem of rural hospitalization. By supplying funds for a conservative building program it could provide general hospitals in those areas in which it is shown by the state and county health departments, working in close conjunction with the state and county medical societies, that the need actually exists. Funds for such projects might well be supplied jointly by the federal government and the state through the state Public Health department. These hospitals should not be large, nor too extensively or elaborately equipped and staffed, for they should become feeders for the nearest medical centers in so far as possible. It is to be stressed that the communities served by these hospitals would not have sufficient population to support a staff of specialists. Aside from the economic aspect, there would not be enough work to keep the specialist proficient in his chosen specialty.

A period of military training, or some sort of special training contributory to it, for all within specified age limits will doubtless be a feature of the immediate postwar years. Rural hospitals might well be staffed with physicians who have completed an internship of at least one year and who are permitted by a residency in a rural hospital to meet the requirement for compulsory service. In addition to their regular duties in this capacity, they could aid in caring for the indigent during their tenure of service by becoming members of the local county health department.

In a state with a wisely planned and operated system of rural hospitals, designed to serve as feeders for the larger institutions in the centers, these small hospitals might also be recipients of a consultation service. Regular visits for consultation by specialists from the larger units in the centers would enhance the value of the service of the rural hospital to the community and at the same time broaden the scope of the training of the resident physicians.

CARE OF VETERANS

It is timely that particular consideration be given the medical care accorded veterans of the armed services. This care should not become a dole. The period of time during which it is to be furnished should be limited, except in case of injury and disease actually sustained during active duty. A feasible plan is to issue, on discharge, to each member of the armed forces paid-up hospitalization and medical care contracts covering a period of time determined by the duration of active service, but not exceeding ten or fifteen years. It might be well to include in these contracts coverage for the family of the veteran, providing the family exists at the time of discharge.

HOSPITALS IN FLORIDA

There are in Florida approximately 7,000 general hospital beds, 5,500 for mental patients, 400 for venereal patients, and 1,000 for tuberculous patients of which 400 are state owned and controlled. In addition, there are about 20,000 beds for members of the armed forces and veterans in the various camps and institutions in the state. Of this number, 850 are in permanent veterans' hospitals.

General Hospitals.—As indicated by the map, several centers in the state are adequately supplied while numerous areas are without near hospital facilities. I believe it is estimated that a state with a population the size of Florida's should have approximately 9,000 general hospital beds. In that event, a shortage of about 2,000 beds exists in the state. As noted in many instances, there is not necessarily a shortage of beds; instead, the localization of the hospitals is at fault all too frequently. In Florida there are 67 counties, and 23 of them are without hospital facilities of any type.

It is, however, not my belief that the establishment of general hospitals in the rural areas where they are lacking would solve the problem. An adequate hospital in an area that would not warrant the location of the various specialists to staff it would not be advisable. A specialist worthy of the name must necessarily not only be provided with adequate facilities but also adequate work so that he may continue to be ranked as a specialist. For this reason, I believe that general hospitals equipped to supply all the needs

of the patients should not be established in the rural areas.

Rather, let the so-called now existing medical centers be sufficiently enlarged and equipped in whatever particulars they are lacking. Then in the rural areas, small feeder hospitals with a bed capacity of not more than 30 beds should be established. In these hospitals the less complicated illnesses could be cared for, and, with sufficient laboratory material and equipment at hand, the attending physicians could make the ordinary diagnoses. In the more complicated cases requiring more special skill, the patients could be sent to the medical and surgical centers. This plan is being tried in Maine, I understand, and is working out very satisfactorily. An added feature is to have specialists sent out from the nearest medical centers to visit the smaller institutions in the rural districts at regular intervals to act as consultants. By some such means the people in the rural districts can have access to the best that medicine affords. In my particular state, I believe there are no areas further removed than one hundred miles from an adequate medical center.

MENTAL HOSPITALS.—Certainly the greatest need at this time in Florida is adequate care of mental patients. The Florida State Hospital at Chattahoochee has approximately 5,300 beds, and there are about 150 beds in privately owned institutions. According to the information I have, this state should have 10,000 beds for mental patients. As the situation now stands, the state hospital is greatly overcrowded, and there are many mental patients throughout the state being held in general hospitals and jails because of the lack of room in the state institution. The condition is deplorable and urgent. A minimum of 5,000 more beds should be established.

VENEREAL HOSPITALS.—Some 400 beds are now available in the state for the care of patients with venereal disease. There is not a great lack of beds because with the recently developed treatment, the turnover is rapid; many patients receive treatment for from one to five days only before cure is established.

At the present time there are venereal treatment units in Jacksonville, Ocala and Wakulla. It is necessary that the health department send patients from the West Coast to Jacksonville to receive attention. I have been advised by those directly concerned with the treatment of venereal disease in the state that a unit in Tampa would serve a very large area. The unit need not be large. One of 50 beds, 25 for white and 25 for colored patients, with the necessary fever and other equipment would be adequate to serve the Southwest Coast section. It could be established at a great deal less expense than a general hospital because the equipment is not nearly so great.

TUBERCULOSIS HOSPITALS.—Florida has one modern well equipped state sanatorium with 400 beds at Orlando. There are in addition throughout the state 440 beds in units of from 8 to 100 beds. It is estimated that for the population of this state there should be 2,100 sanatorium beds. About 57 per cent of the total number of beds should be for colored patients.

The five districts into which the state has been divided by the Florida Tuberculosis Board and the bed capacity estimated for each one are (1) West Florida, 200 beds; (2) Northeast Florida, 500 beds; (3) Central Florida, 600 beds (including the 400 now in the State Tuberculosis Sanatorium at Orlando); Southeast Florida, 400 beds; and (5) Southwest Florida, 400 beds. This estimate is computed on the basis of 2½ beds per tuberculosis death for one year. In District 3 at Orlando the central institution should be located, and to it all patients requiring thoracic surgery and other major therapeutic measures should be sent from the other institutions. While it is true that, because of the large influx into the state of war workers and members of the armed forces, even the number of beds proposed might not be adequate under the present circumstances, nevertheless I believe this goal would be adequate if it could be attained.

PREPAYMENT HEALTH INSURANCE

PREPAID HEALTH INSURANCE.—I am firmly of the opinion that the expense of adequate hospital care can be met by the people in the lower income brackets through hospitalization insurance, many types of which are now being sold. Over a period of a number of years many plans have been formulated and tried with more or less success. It seems to me that the plan generally known as the Blue Cross Hospitalization Plan has ironed out most of the difficulties and is rendering exactly the service that is greatly needed. While it is true that only a comparatively small number, approximately fifteen million persons, have availed themselves of this type of protection, the reason more have not done so is doubtless because this insurance has not been nationally advertised or encouraged. I should not hesitate to say that 80 per cent of

the population is not aware of the fact that such insurance is available.

Care of the Indigent.—There will always be the indigent group that must be cared for by the state as in the past. These patients are thus assured the services of the best medical talent. It has ever been and it should be the duty of the state to make this provision. It may be well for the federal government, through grants-in-aid, to assist the state in improving, modernizing and expanding this service. This plan would, I believe, be most satisfactory both for rendering efficient care and from the financial standpoint also.

Prepaid Medical Insurance.—A number of different plans which insure persons in the lower income brackets against illness are now being tried throughout the country. Most of the state and county medical societies are studying these plans. Some of them have been in effect for a number of years. Most of them limit the income of the subscriber to $3,000 or even less, and the cost to the subscriber is usually somewhat less than $1 a month.

Although my state now has the Blue Cross insurance plan in operation, there is as yet no prepaid medical insurance available. A committee of the Florida Medical Association will, however, at the next state meeting present some such plan. While I appreciate the fact that there is still much study to be made and that there are many faults to be remedied, we are making decided progress in a sensible and economic manner toward the care of the people in a fashion that will make easily available adequate hospital and medical care for all. I am very definitely opposed to the government socializing the medical service because better and more direct care can be given the people in the manner here suggested.

At this point Senator Pepper interrupted Dr. Boling, saying, "Well, now, Doctor, some wise men of greater fame than we long ago said, 'If you are going to debate with me, define your terms,' and most of our controversies arise over failure to define the terms. Now, the term 'socialized medicine,' of course has come to be anathema to the profession and to many people outside the profession, and often anybody who proposes the extension of medical care is immediately branded as a believer in socialized medicine, just as many people who want to help their fellow men are branded as socialists. Now, would you be able to define, generally speaking, what the profession means when it says, 'We don't want socialized medicine'?"

Dr. Boling replied, "Let me state, first, what we believe the federal government means when it says 'socialized medicine.' We feel that the government is pointed toward taking over the practice of medicine. Now, any man of reasonable intelligence knows that there is not adequate care now for certain classes of people. There is no controversy there. We recognize it. We recognize need for a change, but it is strange to me that the same group of people who say that this is the finest medical profession in the world, that the care of the soldiers has never been so good in any army in the world, that we have progressed beyond any nation in the world, in the same breath will lead you to believe that the medical profession is floundering around in a condition of chaos, without adequate mental thought or adequate mentality to see what is necessary and what is wise for the people. That is not true. The people who have brought the profession to the state it is in now are the same people who are going to provide for the people in the future. They do not have to be led. They do not have to be driven. It is an evolution that we recognize, and we can take care of it. I realize and appreciate the need of federal aid in hospitalization plans, in our rural hospitals, in our health board establishments and in our care of the indigent. I am sure that we all realize that. No medical man fails to appreciate that need, but I do not believe that the government should enter into the practice of medicine and direct me day by day as to what I should do. I am better able to care for my patients' needs than the government ever will be."

Senator Pepper then inquired, "Well, now, Doctor, what has led you to believe that the Government of the United States has any such purpose as that or any such desire?"

"You are far more familiar with the Wagner-Murray-Dingell bill than I," Dr. Boling responded, "but I am not ignorant of it. I know that if this proposed legislation comes about, I will be directed by people, directors, whatever you want to call them, who will tell me whom I shall treat, what I shall charge them, what they shall pay; and I say that specialists will not be allowed, nor will patients be allowed choice of physicians. You will immediately say the bill does allow choice of physicians. Well, it doesn't. It does allow choice of physicians up to a certain point in a particular area, and in regard to a particular group of physicians, but it doesn't allow that in the specialists' field. . . . It depends upon the man who is treating the case. . . . That is a restriction, and I do not believe it will result in the best service of medicine.

"This bill is not without considerable expense in the care of the people, and you yourself said yesterday that there is no one party or group who is the government. It is the people who are the government, and the people are the ones who pay. The government gives no one anything. The people pay for it by taxation. You see, I pay and I receive, but the government doesn't give it to me."

After Senator Pepper had reviewed proposals that the federal government match state subsidies dollar for dollar or make a contribution based on the need of the individual state in providing physical facilities or carrying out approved state plans for medical care of the people, he expressed a desire to arrive at a plan that the government and the profession could agree upon, and which at the same time would really be an adequate approach to the problem.

Dr. Boling then said, "Well, after all is said and done, we are not so far apart. I mean, we welcome federal grants-in-aid for hospitals, for the equipment, for the building, for the provision of all these things and for the health program. Now, as for the care of the patients, I was talking about the Board of Health when I said we need help there, and in preventive work; so there we are in complete accord. You and I feel, I am sure, that this will probably be made available, and we need it. . . . There is nothing of socialized medicine in it. That is just progress. For the time being, however, we are doing very well in working out prepaid hospital and medical insurance plans. This thing doesn't take place in a day, and it doesn't take place in a month, and the government couldn't do it in a month if it took it over,

but we are definitely making progress here, with an opportunity for working out our own problems, and it seems assured to me that the people are in a fair way to be rendered adequate medical care at a cost they can pay."

Dr. Boling then concluded his formal statement with a section on the care of veterans, as follows:

SERVICE FOR VETERANS

HOSPITALS.—As is well known, ample hospital facilities are being established for the war veterans. It is my belief that all disability connected with military service should be cared for at the veterans' hospitals and that any not arising from service should not be cared for by these facilities.

INSURANCE.—I believe that on discharge each member of the armed forces should be given paid-up hospitalization insurance covering a period of years, depending upon the length of service. If feasible, he should likewise receive paid-up medical insurance for the same length of time.

SOUTHERN MEDICAL MEETING

There could have been no finer climax to major medical meetings for 1944 than was the Southern Medical Association meeting in St. Louis. St. Louis as usual was the typically fine host city for which it is well known. The auditorium is conveniently located and admirably arranged to accommodate such a meeting. Likewise, personal accommodations and service in the hotels were far better than any the writer has encountered at such meetings since the war began.

There was a pleasing atmosphere of military medicine throughout the meeting which teamed well with the papers and exhibits, which were presented by the outstanding physicians of the South still in civilian practice. The program was well balanced, and of sufficient interest to keep the attendance at the various sections at a high level throughout the entire day at every session. The scientific exhibits appeared to be the weakest spot in the whole show, that is, as a matter of general interest. They were, however, well attended and, from the standpoint of individual preparation, were commendable. Probably the outstanding feature of the exhibits was the section representing various phases of work in the Army and Navy medical departments. The technical exhibits were well up to standard.

Florida should look to the Southern Medical meeting of 1944 with special pride. Aside from furnishing a goodly number of registrants among those present, our own Dr. Walter C. Jones of Miami was elected Chairman of the Council for the coming year, a well deserved tribute.

From the overall picture the Southern Medical meeting at St. Louis, 1944, was an excellent one, well attended—over 2,000 registrations total; was compatible with the national war effort, and gave value received to everyone in attendance.

LLOYD J. NETTO, M. D.

STATE NEWS ITEMS

President John R. Boling of Tampa announces that he will not call a pre-convention meeting this year. For reasons that are obvious no pre-convention meetings of the Association have been held since 1942.

The Board of Trustees of the American Medical Association has officially announced the cancellation of the Ninety-Fifth Annual Session of the Association scheduled for Philadelphia, June 18-22. This is the fourth time in the Association's history and the second time during the present war that an annual session has not been held.

Dr. A. O. Morton of Sarasota requests that his colleagues be on the watch for the following instruments, which were stolen from his office on December 15: ophthalmoscope, otoscope, slit lamp, retinoscope, 1 pair spectacles.

This is the second such loss suffered by Dr. Morton. Four years ago his office was broken into, and the items listed above were stolen. This time the thief took the new instruments which Dr. Morton had purchased to replace those previously stolen.

The annual meeting of the Advisory Committee of the Florida Council for the Blind was held in Palm Beach the latter part of December at the home of Dr. Wm. Y. Sayad. Present were Drs. S. B. Forbes, chairman, Shaler Richardson, Charles C. Grace, Bascom H. Palmer and Carl E. Dunaway.

Dr. Meredith Mallory of Orlando has been appointed medical consultant for the State Rehabilitation Service.

Floraquin...

effective in all types of Vaginal Leukorrhea

Because Floraquin assists in restoring vaginal acidity while destroying the pathogenic flora, and rebuilds the vaginal mucosa in both thickness and glycogen content, its usefulness is not confined to any one particular type of vaginal infestation.

FLORAQUIN

contains the nontoxic protozoacide, Diodoquin, in addition to lactose and dextrose which establish and maintain an acidity (pH 4.0) unfavorable to vaginal infections.

Floraquin Powder—for office insufflation—
1-oz. and 8-oz. bottles.

Floraquin Tablets—for home use—boxes of 24.

G. D. Searle & Co., Chicago 80, Illinois.

Floraquin and Diodoquin are the registered trademarks of G. D. Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE, MARYLAND

Dr. A. Edward Drexel, formerly of Daytona Beach, recently completed two years on the staff of the Henry Ford Hospital in the department of Gynecology and Obstetrics, at Detroit, Michigan. He is now located at Alexandria, Virginia, where his practice is limited to gynecology and obstetrics.

Dr. Henry B. Oertel of Chattahoochee has joined the staff of the Essex County Hospital, Cedar Grove, N. J.

Emory University will sponsor an ophthalmologic seminar from April 19 to 21, honoring the memory of Abner Wellborn Calhoun, M. D., LL.D., first professor of ophthalmology of that institution and a pioneer in Southern ophthalmology. All physicians interested in ophthalmology are invited to attend as guests of Emory University.

Speakers for the occasion will be Drs. W. L. Benedict, John Dunnington, Harry Gradle, Parker Heath, Walter I. Lillie, Colonel Derrick Vail and Dr. Frank Walsh.

Dr. W. J. Creel of Eau Gallie, a member of the Brevard County Board of Public Instruction, became a member of the City Council of Eau Gallie early in December, when his name was written in on the official ballot in the municipal election.

Dr. Edward Canipelli has been retired from the Army and has resumed the practice of surgery in Jacksonville.

FLORIDA LOCATION WANTED: Physician, wishing to locate in Florida for family health reasons, seeks location preferably in south Florida, Miami to Ft. Lauderdale, but will consider other locations. F. A. C. S. and Surgical Board diplomate; wide experience and recognized ability in General and Traumatic Surgery, Gynecology. Will buy practice retiring Doctor or consider group practice or association with physician with large ethical practice. Willing and able to do general pratice for duration. Age 46, excellent habits, fine personality, a real worker, Christian.

Write 69-2 P. O. Box 1018, Jacksonville 1, Florida.

Dr. Edward Jelks of Jacksonville was guest speaker at the January luncheon meeting of the Woman's Auxiliary to the Duval County Medical Society. His subject was "State Medicine."

The many friends of Dr. Harrison G. Palmer of St. Petersburg will regret to learn of the recent death of his wife, Carrie Ellen Palmer.

Dr. Francis P. Meyer, Jr., of St. Petersburg announces the opening of offices at 233 Fourth Ave., N. E. His practice is limited to obstetrics and gynecology.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. W. G. Meriwether of Plant City announce the birth of a son, William Crawford, on Dec. 25, 1944.

MARRIAGES

Capt. Ashbel C. Williams of Jacksonville and Miss Kathleen Margaret B. Donaghue, Junior Commander in the Auxiliary Territorial Service, British Forces, were married at Tavistock, Devon, England, on Dec. 24, 1944.

DEATHS

Dr. Norman E. Ditman of Palm Beach died December 15, 1944.

Dr. Hugh W. Henry, New Smyrna Beach, died on Jan. 15, 1945.

ALBERT JOSEPH BERTRAM

Comdr. A. J. Bertram, U.S.N.R., (ret.) veteran of the Guadalcanal campaign and for twenty years a Miami physician, died on November 4, 1944, at the navy hospital in Bethesda, Md., where he had been a patient for two weeks.

Born in 1891, Dr. Bertram was a graduate of the Jefferson Medical College, class of 1912. He received his licence to practice in this state in 1925. Following his retirement a few months ago, after serving for four months as executive officer at the Jacksonville Naval Air Station, he returned to his summer home on Plantation Key.

Formerly operator of a private hospital in Miami, Dr. Bertram became a member of the naval reserve in 1940. He was surgeon for the first landing party of marines on Guadalcanal. He was wounded during the fighting on the island, where he was stationed for eighteen months.

Dr. Bertram was a member of the Mahi Shrine Temple in Miami, the Shrine band, the Acacia club, the Miami Lodge of Elks and the Greater Miami Airport Association. He was a member of the Dade County Medical Society, the Florida

51% INCREASE DURING PAST YEAR IN PRESCRIPTIONS FOR

SPENCER SUPPORTS

To Aid Treatment of

LOW-BACK PAIN



Spencer Spinal Support designed for this woman to provide rigid support.

An ever-increasing number of doctors are discovering the efficiency of Spencer Supports designed individually for patients with low-back pain.

This is because each Spencer Support is especially designed for the patient to attain the specific result the doctor desires.

When Doctor Desires to Inhibit Movement of a Part

a Spencer is created to immobilize the part — and also improve posture. Therein lies the value of *individually designed* supports as compared to ordinary supports.

The degree of firmness in any Spencer Support is governed by the doctor. When rigid support is desired, rigidity is provided. Spencer Supports to provide rigidity are often used instead of a brace because they efficiently accomplish the purpose and *provide comfort* and *satisfaction* to the patient.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under Spencer corsetiere or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address

..... R-2-45

Medical Association and the American Medical Association.

Surviving are the widow, the former Miss Marion O'Neal of Dania, to whom he was married eight years ago; his mother, Mrs. Eugenie Bertram, and two sisters, Mrs. Harold Reed and Mrs. Norwood A. Warner all of New Haven, Conn.

DAVID R. GODLIN

Dr. David R. Godlin of Miami Beach died in the Mount Sinai Hospital, New York, on July 27, 1944, at the age of 43.

Dr. Godlin received his medical degree from the New York Homeopathic Medical College and Flower Hospital in New York in 1926 and his license to practice in Florida in 1941. Before moving to Miami Beach, he had been police surgeon in North Bergen N. J., and had served on the staffs of the North Hudson Hospital, Weehawken, N. J., and the Christ and Margaret Hague Maternity Hospitals in Jersey City. He was a member of the Dade County Medical Society, the Florida Medical Association and the American Medical Association.

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS EXCLUSIVELY

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$2,600,000.00 INVESTED ASSETS
$12,000,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
Disability need not be incurred in line of duty—benefits from the beginning day of disability

86c out of each $1.00 gross income used for members' benefit
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.

COMPONENT COUNTY SOCIETIES

DADE

The following officers will serve the Dade County Medical Society during the current year: Dr. Scheffel Wright, president; Dr. Claude G. Mentzer, vice president; Dr. George C. Austin, secretary and Dr. Colquitt Pearson, treasurer.

On the evening of January 2, this society met at the Jackson Memorial Hospital. Dr. Emil M. Isberg presented a paper on "The Use of Multiple Chest Leads in Clinical Electrocardiography," which was illustrated with lantern slides.

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES

At the annual meeting of this society, the 1944 officers were re-elected for 1945 as were the delegate and alternate. Officers of the society are Dr. M. C. Kayton, president, and Dr. C. H. Kirkpatrick, secretary-treasurer. Dr. M. C. Kayton is delegate and Dr. H. V. Weems alternate.

At the meeting held on December 9, the members of the society voted to meet only once each year for the duration of the war.

To this organization goes the distinction of being the second society in the state to pay 100 per cent of its membership dues for 1945.

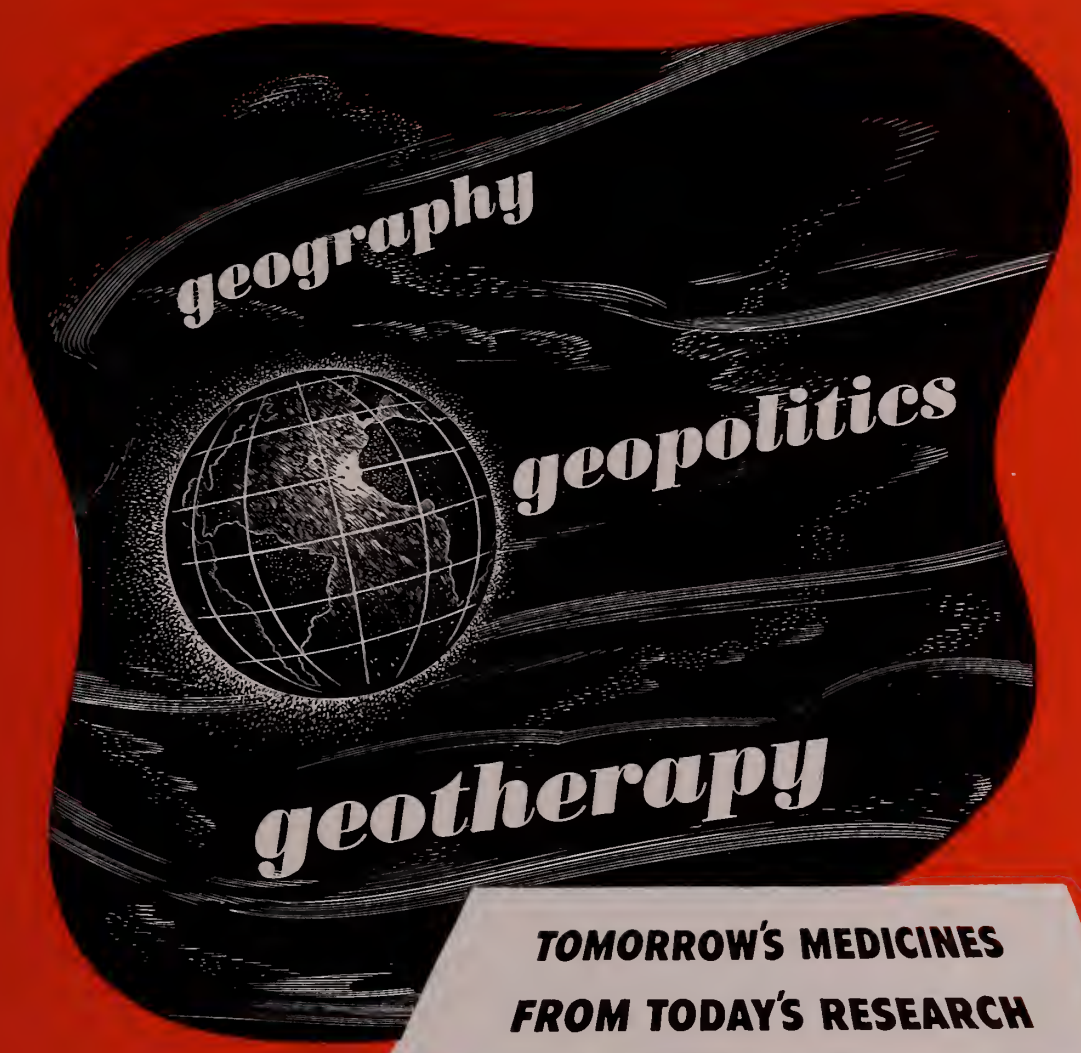
DUVAL

At the meeting of this society held on December 5, Dr. James M. Bryant, president-elect, was installed as president. Elected to serve during 1945 with the new president were Dr. Frank L. Fort, president-elect; Dr. Webster Merritt, vice president; Dr. Leo Wachtel, secretary, and Dr. John A. Beals, treasurer. The following delegates and alternates were named to represent the society at the next meeting of the State Association: degelates—Dr. Charles B. Mabry, L. Y. Dyrenforth, E. T. Sellers, Edward Jelks, S. R. Norris, J. A. Beals, Frederick J. Waas, W. McL. Shaw, Thos. Buckman, and James M. Bryant; alternates—Drs. Banks Goodale, L. M. Moe, O. E. Harrell, Webster Merritt, Robert M. Baker, R. R. Killinger, J. G. Lyerly, J. C. O'Dell, William E. Ross, Russell H. Dean, Leo M. Wachtel, and B. F. Woolsey.

The annual reports of officers and committees were heard at this meeting.

ORANGE

At its annual election of officers held by the Orange County Medical Society on December 20, the following were chosen: Dr. Roland T.



TOMORROW'S MEDICINES *FROM* TODAY'S RESEARCH

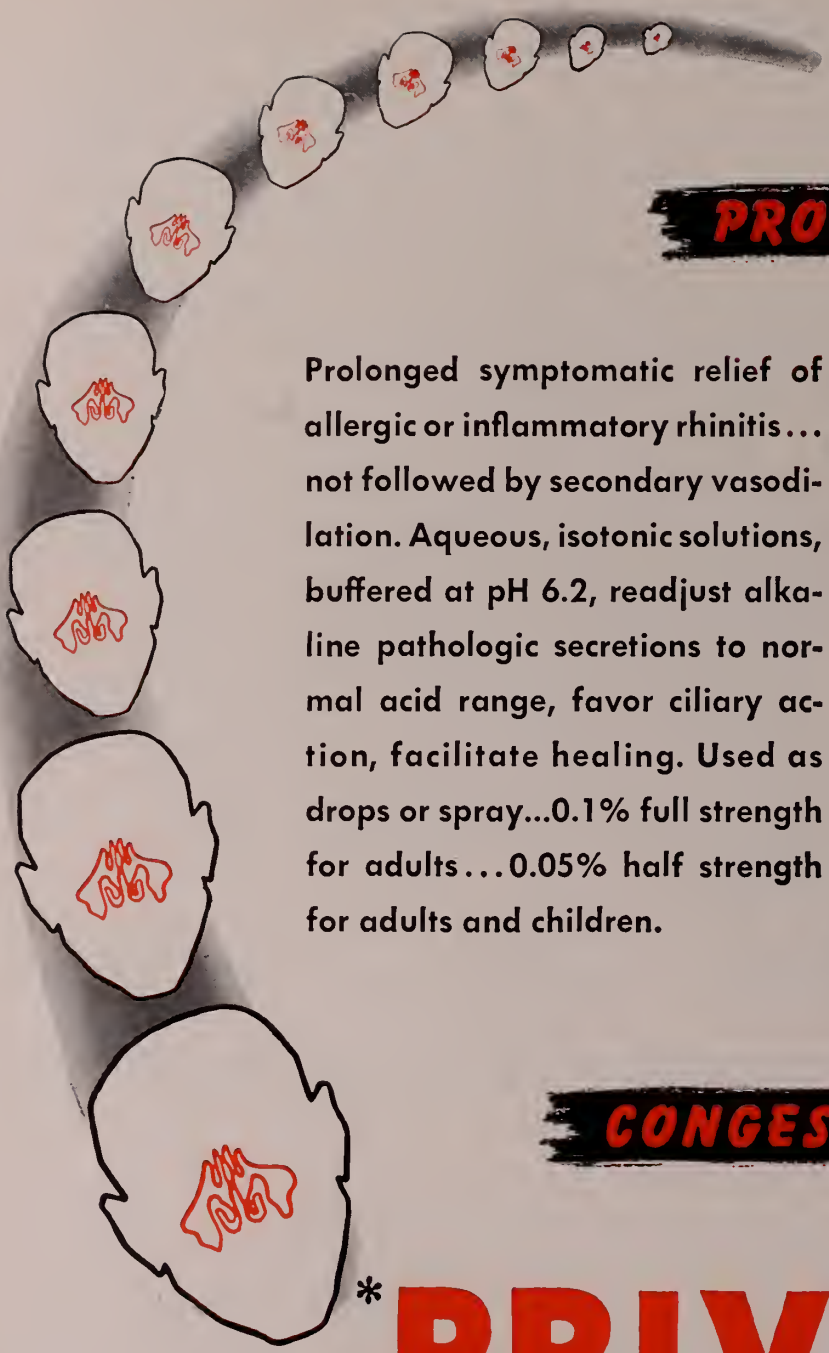
• With the coming of the war, we of Ciba accepted the responsibility of supplying free men of medicine—both military and civilian—with reliable and modern medicaments to perform their vital missions. We worked hard at our task. We are proud of our accomplishments.

• This was the beginning of a new era for us. It opened a new horizon of world medicine—geotherapy. Today we have a new concept toward which to direct our research. We fully realize that American medicine has ahead the gigantic task of rehabilitating the wounded fighting man, as well as the eradication and control of disease contracted in foreign lands.

• Soon all men will be talking and thinking of world peace. The American physician will be concerned also with world medicine. Ciba prepares and stands ready to serve. We have a creed which is always in our minds—Tomorrow's Medicines from Today's Research.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY • IN CANADA, CIBA COMPANY LIMITED, MONTREAL



PROLONGED

Prolonged symptomatic relief of allergic or inflammatory rhinitis... not followed by secondary vasodilation. Aqueous, isotonic solutions, buffered at pH 6.2, readjust alkaline pathologic secretions to normal acid range, favor ciliary action, facilitate healing. Used as drops or spray...0.1% full strength for adults...0.05% half strength for adults and children.

RELIEF

OF

NASAL

CONGESTION

*PRIVINE

Hydrochloride

a Ciba Product

*Trade Mark Reg. U. S. Pat. Off.

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

IN CANADA—CIBA COMPANY LIMITED, MONTREAL

Wyeth



The **PRESTIGE** in the name WYETH* has been gained by generations of faithful service to the medical profession through the retail drug industry.

Since 1860 WYETH has consistently provided medicinals of first quality and dependability. Today a complete line of pharmaceutical, nutritional and biological products bear the name WYETH—your assurance of the finest in laboratory preparations.

A strictly ethical advertising program keeps the name WYETH before the profession; such as the reproduced Penicillin advertisement currently appearing in medical journals.

*REG. U. S. PAT. OFF.

WYETH INCORPORATED • PHILADELPHIA 3 • PENNA.



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

White, Orlando, president; Col. Louis M. Orr, overseas with the U. S. Army president-elect; Dr. R. D. Thompson, Orlando, vice president; Dr. A. C. Kirk, Orlando, secretary, and Dr. Dorothy Brame, Orlando, treasurer. Drs. Horace A. Day and J. S. McEwan were named delegates for a two-year term with Dr. Wm. E. Sinclair and Hewitt Johnston as alternates; Drs. Spencer Folsom and T. E. McBride were chosen delegates for one year with Drs. J. S. Pines and Duncan McEwan as alternates.

PALM BEACH

Dr. Henry Baldwin was elected president of the Palm Beach County Medical Society at a meeting of that body held on December 18 at St. Mary's Hospital. Other officers elected were: Dr. Edgar W. Stephens, vice president; Dr. David W. Martin, secretary, and Dr. W. C. Williams Jr., treasurer. Named as delegates to the next meeting of the State Association were Drs. W. E. Van Landingham, William Y. Sayad, and J. H. Pittman.

PASCO-HERNANDO-CITRUS

Dr. and Mrs. G. R. Creekmore entertained the members of the Pasco-Hernando-Citrus County Medical Society at a turkey dinner in their home in Brooksville on the evening of December 14. A business session was held at which it was decided to postpone the election of officers until the January meeting.

PINELLAS

The regular society meeting was held January 5 at 6 p.m. at the Detroit Hotel. Dinner was served preceding the meeting. At the request of President Bieker, Dr. George D. O'Kane was introduced by Dr. Feaster. The title of Dr. O'Kane's address was "Drug Addiction." Dr. R. R. Cushman of the U. S. Public Health Service reviewed "A Case of Lymphoblastoma." Both speakers presented interesting papers which were discussed by Drs. McConnell, Anderson, Sackett, Williams, Rogers, and Franckle.

Both papers will be sent to the Journal of the Florida Medical Association after approval is secured from the Surgeon General.

POLK

At a meeting held on December 13, the Polk County Medical Society elected the following officers for 1945: Dr. T. H. Roberts, president; Dr. J. W. Vaughn, vice president, and Dr. Edgar Watson, secretary-treasurer. Dr. R. H. Mooty was named censor for a 3-year period. Elected as delegates to the next meeting of the State Association were Drs. J. R. Boulware, Herman Watson, R. H. Mooty; alternates—Drs. W. T. Simpson, Edgar Watson, and W. F. Peacock.



The Latest Spirochaeticide

acceptable to the United States Public Health Service for the new rapid treatment of syphilis (August 31, 1944) is Dichlorophenarsine Hydrochloride, U. S. P. This newest anti-luetic is made available by E. R. Squibb & Sons as

Clorarsen
TRADEMARK

For detailed information, please address Professional Service Dept.: E. R. Squibb & Sons, 745 Fifth Ave., New York 22, N.Y.

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

NIBESOL

★ ★ ★

Each tablet or capsule contains:

Thiamine	5 mg.
Riboflavin	3 mg.
Niacin	25 mg.
Ascorbic Acid . . .	33 mg.

Available on prescription in bottles of 100 and 500.

★ ★ ★

TABLEROCK LABORATORIES
Greenville, S. C.

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. W. C. Williams, President.....*West Palm Beach*
Mrs. P. J. Manson, First Vice President.....*Miami*
Mrs. J. E. Maines, Second Vice President....*Gainesville*
Mrs. J. W. Hayes, Secy.-Treas.....*Jacksonville*
Mrs. Leigh F. Robinson, Historian.....*Ft. Lauderdale*
Mrs. F. W. Krueger, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

Mrs S. M. Copeland, Press & Publicity.....*Jacksonville*
Mrs. Rupert Stovall, Public Relations..*Ft. Lauderdale*
Mrs. C. H. Murphy, Finance.....*Bartow*
Mrs. Charles F. Henley, Legislation.....*Jacksonville*
Mrs. George C. Tillman, Student Loan.....*Gainesville*
Mrs. W. J. Barge, Archives.....*Miami*
Mrs. H. A. Leavitt, Exhibit.....*Miami*
Mrs. Gordon H. Ira, Hygeia.....*Jacksonville*
Mrs. C. E. Royce, Bulletin.....*Clifton*
Mrs. P. J. Manson, Program.....*Miami*
Mrs. J. E. Maines, Organization.....*Gainesville*

DISTRICT CHAIRMEN

Mrs. T. C. Kenaston, General Chairman.....*Cocoa*
Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"..*Ft. Lauderdale*

ORGANIZATION

We wives of doctors believe that we can materially assist in the work of our husbands by banding together to be instructed in legislation and other matters of the day affecting the medical profession in which the general public is interested. By so doing we become well informed and can tactfully correct any false information, or be in a position to deal intelligently with whatever problems may arise in the various social or civic groups with which we have become affiliated. Our chief aim is to interpret truthfully the high aims and ideals of the medical profession at all times.

In these crucial times we need to work together and help as much as possible. By being organized, we stand a better chance to acquaint ourselves with the general attitude of the medical profession at large towards issues of any kind for public debate, and to know the reaction of the laity. Therefore, too much stress cannot be placed on the importance of keeping your auxiliaries intact, so as to render effective services to the medical profession when called upon.

Try to meet once a month if possible. Try to interest and reinstate delinquent members. If your auxiliary is not functioning, now is the time to reorganize. If you have eligible members scattered and not able to attend meetings, ask them to become members-at-large.

The members of your State and National Auxiliary will be very happy to make suggestions, forward literature, answer questions, or assist in any way possible to further the aims and ob-



with Confidence

Through all the years, the name Koromex has always stood for dependability. Koromex Jelly today has attained its highest spermicidal effectiveness. Koromex Cream (also known as H-R Emulsion Cream) is equally effective, and is offered as an aesthetic alternative to meet the physiological variants. Prescribe Koromex with confidence. Write for literature.

HOLLAND-RANTOS COMPANY, INC. • *New York, Chicago, Los Angeles*

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting February 12, and every two weeks during the year.
One Week Course Surgery of Colon and Rectum February 19 and Aprl 16.
20 Hour Course in Surgical Anatomy March 26.

GYNECOLOGY—Two Weeks Intensive Course February 26 and April 23.

OBSTETRICS—Two Weeks Intensive Course February 12 and April 9.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

MIAMI SURGICAL COMPANY

B. MARIAN BEALS, President-Treasurer
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 Phone 52101
MIAMI, FLORIDA MIAMI BEACH, FLA.

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

jectives of your auxiliary in order that you may continue to be organized.

Please feel free to command my services at any time. The best of wishes for a most successful year.

Mrs. John E. Maines, Jr.
State Organization Chairman.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

DICTIONARY OF GYNECOLOGY AND OBSTETRICS. By Clarence Wilbur Taber, with the collaboration of Mario A. Castallo, M. D. A specialized medical dictionary designed for all those interested in gynecology and obstetrics; the gynecologist, the obstetrician, the obstetrical adviser, the student of obstetrics, as well as the busy practitioner. Fabrikoid. Price, $3.50. Pp. 700, with illustrations. Philadelphia: F. A. Davis Company, 1944.

SURGERY OF THE HAND. By Sterling Bunnell, M. D. Designed primarily to treat reconstruction alone, this book has been expanded to include a little of other aspects. It is written concisely and main principles have been stressed over details. Fabrikoid. Price, $12.00. Pp. 734, with 597 illustrations. Philadelphia: J. B. Lippincott Company, 1944.

CONTROL OF PAIN IN CHILDBIRTH. By Clifford B. Lull, M. D., F. A. C. S., Clinical Professor of Obstetrics, Jefferson Medical College and Chief-of-Service of the Philadelphia Lying-in Unit of the Pennsylvania Hospital; and Robert H. Hingson, M. D., Surgeon, U. S. Public Health Service and Director of Postgraduate Medical Course, Philadelphia Lying-In Unit of the Pennsylvania Hospital. This book presents a new concept of the management of pregnancy, labor and delivery—approached through the control of fear and pain, and the technics of analgesia, amnesia and anesthesia. The authors have, with painstaking effort, coordinated and correlated the vast array of medical knowledge on the problems and complications occurring in obstetric practice. Included are seventeen pharmacologic charts in color vividly portraying the effects of every drug and group of drugs on both the maternal and fetal organs. Fabrikoid. Price, $7.50. Pp. 356 with 87 illustrations in black and white and 32 subjects in full color. Philadelphia: J. B. Lippincott Company, 1944.

THE STOKES SANITARIUM 923 Charokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.
MENTAL patients have every comfort that their home affords.
The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.
E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

BUY WAR BONDS

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
orida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Canceled
orida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami, Postponed
merican Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
outhern Medical Association	Edgar G. Ballenger, Atlanta	Mr. C. P. Loranz, Birmingham	
labama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham, Apr. 17-19, 1945
eorgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, May 8-11, 1945
orida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, June 1, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	Howard G. Holland, Leesburg	H. D. Van Schaick, Miami	Jacksonville, June 25, 26, 1945
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 25-30, 1945
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
hattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed for Duration
outheastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
wannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS. Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown, Director
Box 177
San Marcos, Texas

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa	Thurlow W. Reed, M.D. County Healtb Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	41	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. A. Meriwether M.D. Wewabitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
	Jackson *Calhoun	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	1	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	1	
B	Columbia *Baker, Hamilton	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	11	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	10	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	3	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4		
	Alachua *Bradford, Gilchrist, Union	W. E. Murphree, M.D. 1270 Seminole Ave. Gainesville	J. H. Thomas, M.D. 749 E. Main St. N. Gainesville	2nd Wednesday 7:30 P.M.	26	7	
	Duval *Clay	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 2	Leo M. Wacbtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	156	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Marion *Levy	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	21	
	Nassau	W. A. Brewster, M.D. Callahan	Geo. A. Dame, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	1	
	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Montbs 7:00 P.M.	9	2	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	13	5	
	Brevard	I. F. Bean, M.D. Melbourne	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	3	B-4-46 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	H. S. Cberry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	7	
	Orange *Osceola	Roland T. Wbite, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	95	64	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	5	
	Volusia *Flagler	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	44	17	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	109	68	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	4	
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	Arthur J. Bieker, M.D. 627 11th St. N. St. Petersburg 6	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	112	106	
	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	8	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Annually for Duration	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	62	31	
D	Palm Beach	J. L. Carlisle, M.D. 301 Guaranty Bldg. W. Palm Beacb	E. W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	18	D-7-45 William Y. Sayad, M.D. West Palm Beacb
	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	6	
	Broward	Roland F. Fisber, M.D. 1215 S. E. 2nd Ave. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	46	37	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	347	133	
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	5	2	

*Supervise and aid until organized separately.

Surgical Supply Company

T. EMMETT ANDERSON, PRESIDENT

Established 1916

Completely Stocked Warehouses and Display Stores at

MIAMI = JACKSONVILLE = TAMPA

OUR STOCKS OF SURGICAL SUPPLIES ARE THE

Largest and Most Complete in Florida

When in Miami Visit Our New and Larger Store at 201 S. E. 1st Avenue

Surgical Supply Company

Has Served the Medical Profession Ethically and

Continuously Since 1916



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA
Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*

MEMBER
National Selected Morticians
BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

It Can Happen Here



Example of severe rickets in a sunny clime.

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42°, where the average amount of fall and winter sunshine is *equal to that in the major portion of the United States*. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children.



EXIGENCY OF WAR

Oleum Percomorphum 50% is now known as Oleum Percomorphum with other Fish Liver Oils and Viosterol. The potency remains the same; namely, 60,000 vitamin A units and 8,500 vitamin D units per gram. It consists of the liver oils of percomorph fishes, viosterol, and fish liver oils, a source of vitamins A and D in which not more than 50% of the vitamin D content is furnished by viosterol.

Supplied in 10 c.c. and 50 c.c. bottles; and as capsules in bottles containing 50 and 250.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A.

Please enclose professional card when requesting samples of Mead Johnson products to co-operate in preventing their reaching unauthorized persons

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N.Y.

THE N.Y. ACADEMY OF MEDICINE
MAR 1945

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI MARCH, 1945 No. 9

CONTENTS

Acute Thyroiditis, Edward Jelks, M. D., Jacksonville 419

Aplastic Anemia Treated with Sulfadiazine,
Lt. Robert H. Nickau, M. C., A. U. S., Cleveland 421

Editorials: Jacksonville Meeting Canceled; Board of Governors 425

From My Point of View 426

Graduate Short Course to be Held in Jacksonville 427

Medical Licenses Granted 427

A. M. A. Bureau of Information 428

Need for an Attorney 428

Seventeenth Anniversary Issue of Harofe Haivri 429

Relocated Physicians Temporarily Licensed 429

State News Items 429

Births and Deaths 430

Component County Society Notes 432

Woman's Auxiliary 438

Schedule of Meetings 441

Component Societies by Medical Districts 442

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.


for
accessible
infections

Used in the form of irrigations or wet packs, Tyrothricin, Parke-Davis, is effective against many gram-positive organisms.

Its antibacterial activity against streptococci, staphylococci, and pneumococci makes it of real therapeutic value when these organisms predominate in:

- Superficial indolent ulcers
- Mastoiditis
- Lesions of the skin and soft tissue
- Empyema
- Osteomyelitis
- Ear, nose, and throat infections.

TYROTHRICIN must not be injected. It is intended ***solely for topical use*** in the treatment of superficial infections, deeper infections made accessible by surgical procedures, and infections in body cavities in which there is no direct connection with the blood stream.

Supplied in 10 cc. vials, as a 2 per cent solution, to be diluted with sterile distilled water before use.



Tyrothricin
PARKE-DAVIS

PARKE, DAVIS & COMPANY, *Detroit 32, Mich.*

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

MIAMI SURGICAL COMPANY

B. MARIAN BEALS, President-Treasurer
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA



No magical protection

A child's second birthday does not confer a magical protectic against rickets, as has well been demonstrated by a recent study at Johns Hopkins Hospital in which almost fifty per cent of th children between the ages of 2 and 14, who died from variou causes, were shown to have evidence of rickets.

Protection "as long as growth persists" can be readily achieved with dependable, potent, Upjohn vitamin preparations, available in forms that meet the varying needs of infancy, childhood, and early adolescence. 1. Am. J. Dis. Child. 66:1 (July) 1943.

ARMY (E) NAVY
Upjohn
KALAMAZOO, MICHIGAN

Upjohn Vitamins

DO MORE THAN BEFORE—KEEP ON BUYING WAR BONDS

Dietary Protein after Surgery and Other Trauma

apparently must be maintained at a level above normal in order to assure proper wound healing* and at least average resistance against infection.** The feeding of meat, therefore, in adequate amounts, as soon as it can be instituted, appears doubly advantageous: the protein content of meat is high and of highest biologic value; the human digestive tract appears well adapted for handling meat protein.**

*" . . . in a variety of medical and surgical conditions there may occur a considerable depletion of body protein owing to a combination of factors, of which the two most important are a generally diminished protein intake and an enhanced protein catabolism. This situation inhibits wound healing, renders the liver more liable to toxic damage, impedes the regeneration of hemoglobin, prevents the resumption of normal gastrointestinal activity and delays the full return of muscular strength. It is obvious that to meet the situation an adequate supply of proteins and calories must be made available to the body. . . . This implies at least 150 Gm. of protein and 3500 calories, with as much as 500 Gm. of protein daily when trauma has been severe, as in serious burns." (HOFF, H. E.: Physiology, New England J. of Med. 231:492 [Oct. 5] 1944.)

**"Cannon . . . cites the evidence which indicates that diminished protein intake lowers resistance to infectious disease, and corroborates it by his own experiments . . . it seems probable that the small intestine is better adapted for handling protein (especially meat protein) than for other types of food. . . . it is especially well supplied with enzymes which attack protein, and the digestion of meat has been shown to be more complete than that of foods of vegetable origins." (CRANDALL, L. A., Jr.: The Clinical Significance of the Plasma Proteins, Memphis M.J. XIX:147 [Oct.] 1944.)

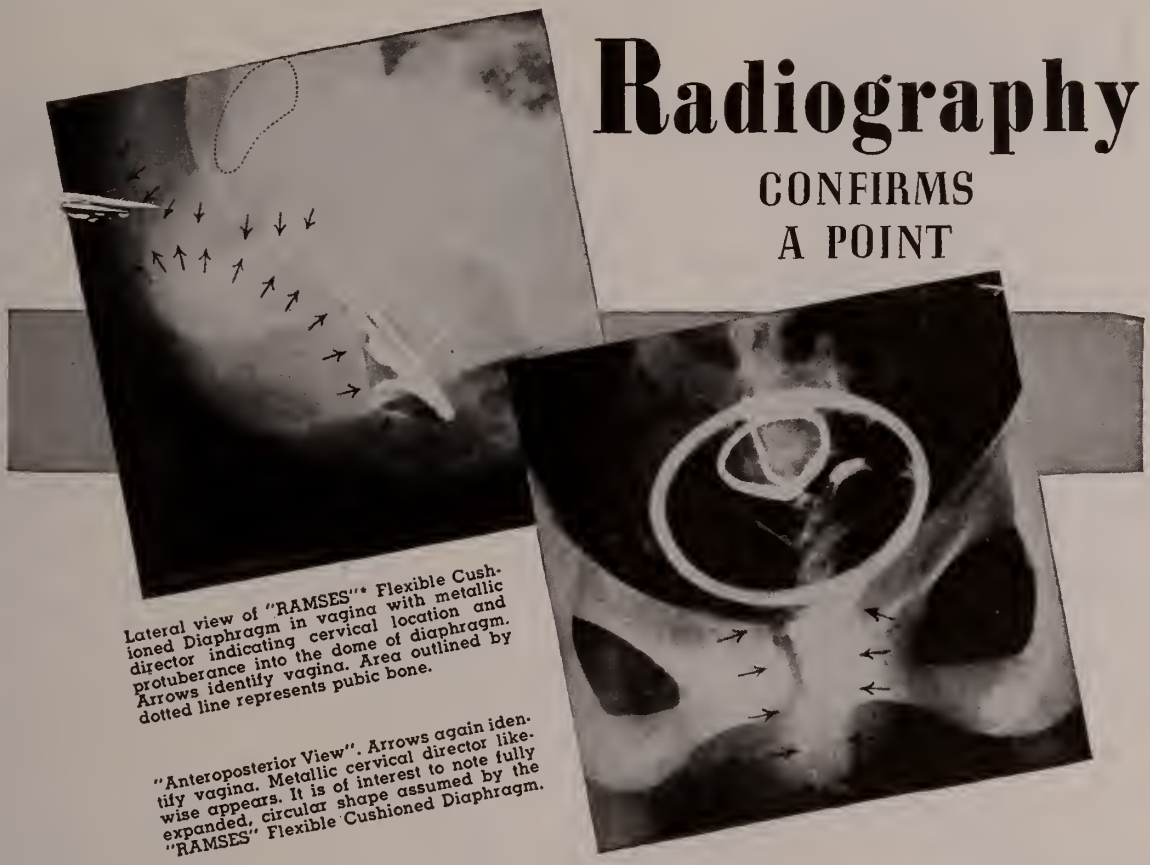
The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

Radiography
CONFIRMS A POINT



Lateral view of "RAMSES"* Flexible Cushioned Diaphragm in vagina with metallic director indicating cervical location and protuberance into the dome of diaphragm. Arrows identify vagina. Area outlined by dotted line represents pubic bone.

"Anteroposterior View". Arrows again identify vagina. Metallic cervical director likewise appears. It is of interest to note fully expanded, circular shape assumed by the "RAMSES" Flexible Cushioned Diaphragm.

Radiographs of the "RAMSES" Flexible Cushioned Diaphragm in position in the vaginal tract show that the proper placement of a diaphragm of the correct size supplies an effective barrier against sperm movement into the cervical canal.

The broad unindented surface of the patented cushioned rim of the "RAMSES" Diaphragm provides a buffer against discomfort from spring pressure on the vaginal walls.

"RAMSES" Flexible Cushioned Diaphragms are manufactured in gradations of five millimeters in sizes from 50 to 95 millimeters inclusive – they are available on the prescription or order of physicians through recognized pharmacies.

Complete literature on "RAMSES" Diaphragms and instructions for proper fitting will be sent to physicians on request.

*The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.



Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55 St. New York 19, N.Y.

FEWER nocturnal insulin reactions



When diabetics use 'Wellcome' Globin Insulin with Zinc, nocturnal hypoglycemic reactions are minimized. The action of Globin Insulin is greatest during the first fifteen hours and gradually diminishes thereafter.

For the patient, this means that maximum insulin activity occurs during the hours of food ingestion and greatest carbohydrate metabolism. By the time insulin requirements are lessened, as in leisure evening hours and sleep, the activity of Globin Insulin ordinarily diminishes sufficiently to avoid reactions.

'Wellcome' Globin Insulin with Zinc is intermediate in action between quick-acting short-lived regular insulin and slow-acting long-lived protamine zinc insulin. It is a clear solution, and in its freedom from allergenic properties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckhoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

ACCEPTED AMERICAL MEDICAL ASSN

'WELLCOME'
GLOBIN INSULIN
WITH ZINC

Literature on request

BURROUGHS WELLCOME & CO. (U. S. A.) INC. 9-11 East 41st Street, New York 17, N. Y.



for Infants and Children

MILK DIFFUSIBLE *Vitamin* D PREPARATION

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

does not float on milk
does not adhere to bottle
does not have a fishy taste or odor

WINTHROP

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Drisdal in Prapylene Glycal—10,000 units per Gram—is available in battles cantaining 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drap is supplied with each battle.

WINTHROP CHEMICAL COMPANY, INC. NEW YORK 13, N. Y.
Pharmaceuticals of merit for the physician WINDSOR, ONT.

Drisdol *in* **Propylene Glycol**

Reg. U. S. Pat. Off. & Canada

Brand of
Crystalline Vitamin D_2
from ergasterol

All alike?

RABBIT EYE TESTS* TELL A DIFFERENT STORY!

Edema 0.8 (from PHILIP MORRIS Cigarettes) vs. Edema 2.7 (from *ordinary* cigarettes) clearly reveals the wide difference in irritation caused by different cigarettes.

Equally conclusive are clinical tests.** They have proved over and over again that PHILIP MORRIS Cigarettes are definitely and measurably less irritating to the nose and throat.

Doctor, may we urge you to make your own tests . . . on smokers whose throats are irritated from smoking . . . and *see* PHILIP MORRIS' superiority for yourself!



0.8 . . . *Average edema upon instillation of smoke solution from* **PHILIP MORRIS CIGARETTES.**



2.7 . . . *Average edema upon instillation of smoke solution from* **ORDINARY CIGARETTES.**

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245.
**Laryngoscope, 1935, XLV, No. 2, 149-154.*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



COLOR PHOTOGRAPH BY VALENTINO SARRA

LIKE FATHER LIKE SON

PIERRE MARCHAND was as meticulously careful in the instruction of his young son as he was in the practice of his art. Pierre was a binder of fine books, as had been his father and grandfather before him. It was quite in order then, he reasoned, that his son should carry on the family tradition. To Pierre Marchand, one profession, or one business, or one trade was enough for any one family.

Choice of a career has never been much of a problem for members of the Lilly family. While it is hardly likely that Colonel Eli Lilly so intended, their future was cast when, nearly seventy years ago, he opened the first Lilly Laboratory. Colonel Lilly builded well. The sound business and ethical principles which he cherished have been engendered into the Lilly organization, which has remained a leader in scientific progress into the fourth generation.

Lilly



CAPSULAE *Vitae*

To THOUSANDS of persons suffering with pernicious anemia, Pulvules 'Extralin' (Liver-Stomach Concentrate, Lilly) are indeed the "capsules of life." Accurately standardized on actual patients in relapse, 12 Pulvules 'Extralin' daily provide an average adequate maintenance dose. 'Extralin' solves the problem for the patient who is allergic to parenteral liver, and provides a convenient, stable, and pleasant-to-take product for the individual who is not able to arrange for regular parenteral therapy. Available through leading prescription stores everywhere.

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.



THE
OUTSTANDING COMBINATION
FOR
Hypodermic Use



B-D YALE-LOK NEEDLES with HUBER POINT

The Huber Point represents a major advance in hypodermic needle design. The closed point with lateral opening penetrates smoothly without cutting tissue plugs and with minimum laceration of tissue. The result is a reduction in pain, trauma and seepage. B-D Yale-Lok Needles with Huber Point are at present available from 18 gauge to 27 gauge.

B-D YALE-LOK SYRINGES with METAL LOCKING TIP

The B-D Yale-Lok Syringe costs less to use—because it overcomes tip breakage. To the strong glass tip is permanently affixed a metal needle locking device. This locking feature prevents needle slipping, jamming or leaking. B-D Yale-Lok Syringes are available in 2 cc to 100 cc sizes. All B-D needles lock on B-D Yale-Lok syringes.

Specify B-D Yale-Lok Needles with Huber Point and B-D Yale-Lok Syringes when ordering Hypodermic Equipment.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Byron Thompson
W. A. McPhaul, Jr.
Ray Thompson
David L. Young
Carroll E. Carter

P. O. BOX 2669 820-24 W BAY ST
Jacksonville 3, Florida



WHEN NUTRITION MUST BE MAINTAINED

Few are the diseases in which maintenance of the nutritional state is less important than specific therapy. For unless the metabolic demands of the morbid organism are adequately satisfied, maximal response to drug administration hardly can be expected.

In a host of febrile, infectious, and neoplastic diseases Ovaltine can be of considerable benefit in supplying the extra nutrients required during periods of greater need. This nutritious food drink, made with milk, supplies the dietary elements required: adequate protein, readily assimilated carbohydrate, B complex and other vitamins, as well as important minerals. Ovaltine leaves the stomach rapidly because of its low curd tension, hence may be taken as frequently as deemed necessary. And its delicious taste encourages adequate consumption, an important factor in combating the anorexia of many diseases.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	31.2 Gm.	VITAMIN A	2953 I.U.
CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1.104 Gm.	RIBOFLAVIN	1.278 mg.
PHOSPHORUS	.903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER	.5 mg.

*Based on average reported values for milk.

3 ADVANTAGES OF PRIVINE*

1. PROLONGED VASOCONSTRICTION



Privine usually provides symptomatic relief from nasal congestion for 2 to 6 hours without reapplication.

2. SMALL DOSAGE

Only 2 to 3 drops of Privine are needed for prompt and prolonged vasoconstriction.



3. PHYSIOLOGICAL RATIONALE



Privine is prepared in isotonic solutions strongly buffered to the same pH as the delicate nasal mucous membranes. It thus restores alkaline pathological secretions to normal acid range.

PRIVINE Hydrochloride

(NAPHAZOLINE)

DOSAGE: 0.1% for adults : 0.05% for adults and children.

*Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT • NEW JERSEY
IN CANADA—CIBA COMPANY LIMITED, MONTREAL

6 points of Preference

PRIODAX

1. is not a phenolphthalein derivative.
2. is well tolerated . . . less likely to produce gastro-intestinal disorders such as nausea, vomiting and diarrhea.
3. is simple to administer . . . a single dose of six tablets is sufficient.
4. produces clear, dependable cholecystograms . . . contains 51.5 per cent of iodine, sufficient to produce adequate shadow density.
5. avoids the possibility of confusing intestinal shadows because it is rapidly absorbed from the small intestine . . . little, if any, reaching the colon.
6. does not require a complicated dietary regimen.



the *six tablet* contrast medium for

CHOLECYSTOGRAPHY

PRIODAX*, beta-(4-hydroxy-3, 5-diiodophenyl)-alpha-phenyl-propionic acid, is available in envelopes of six tablets, in boxes of 1, 5, 25 and 100 envelopes.

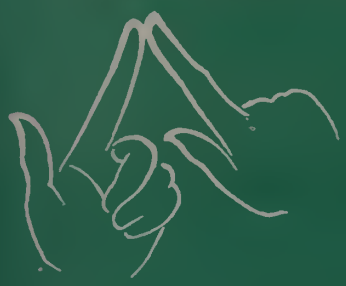
SCHERING CORPORATION
Bloomfield, New Jersey

*Trade-Mark Reg. U. S. Pat. Off.

COPYRIGHT 1945 BY SCHERING CORPORATION

3 ADVANTAGES OF PRIVINE*

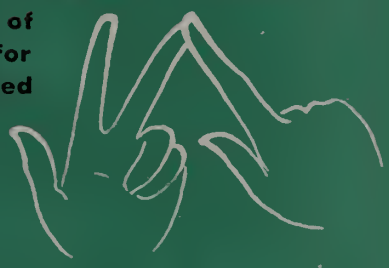
1. PROLONGED VASOCONSTRICTION



Privine usually provides symptomatic relief from nasal congestion for 2 to 6 hours without reapplication.

2. SMALL DOSAGE

Only 2 to 3 drops of Privine are needed for prompt and prolonged vasoconstriction.



3. PHYSIOLOGICAL RATIONALE



Privine is prepared in isotonic solutions strongly buffered to the same pH as the delicate nasal mucous membranes. It thus restores alkaline pathological secretions to normal acid range.

PRIVINE Hydrochloride

(NAPHAZOLINE)

DOSAGE: 0.1% for adults : 0.05% for adults and children.

*Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT • NEW JERSEY
IN CANADA—CIBA COMPANY LIMITED, MONTREAL

6 points of Preference

PRIODAX

1 is not a phenolphthalein derivative.

2 is well tolerated . . . less likely to produce gastro-intestinal disorders such as nausea, vomiting and diarrhea.

3 is simple to administer . . . a single dose of six tablets is sufficient.

4 produces clear, dependable cholecystograms . . . contains 51.5 per cent of iodine, sufficient to produce adequate shadow density.

5 avoids the possibility of confusing intestinal shadows because it is rapidly absorbed from the small intestine . . . little, if any, reaching the colon.

6 does not require a complicated dietary regimen.



the *six tablet* contrast medium for

CHOLECYSTOGRAPHY

PRIODAX*, beta-(4-hydroxy-3, 5-diiodophenyl)-alpha-phenyl-propionic acid, is available in envelopes of six tablets, in boxes of 1, 5, 25 and 100 envelopes.

SCHERING CORPORATION
Bloomfield, New Jersey

*Trade-Mark Reg. U. S. Pat. Off.

COPYRIGHT 1945 BY SCHERING CORPORATION



METAMUCIL

Metamucil softens the fecal residue, protects intestinal mucosa and exerts a gentle, stimulating, physiologic peristalsis.

Metamucil is the highly refined non-irritating extract of a seed of the psyllium group, Plantago ovata (50%), combined with dextrose (50%).

Metamucil mixes readily with liquids—is pleasantly palatable.

Supplied in 1-lb., 8-oz. and 4-oz. containers.

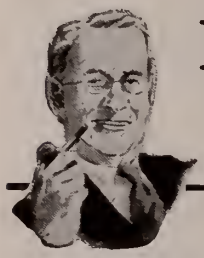
G. D. SEARLE & CO., Chicago 80, Illinois.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Metamucil is the registered trademark of G. D. Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



From where I sit *by* Joe Marsh

Definition of a Great Man

At Bill Webster's the other evening, we were kidding Bill about his children always saying that their pop's "a great man." Dr. Walters came to Bill's rescue.

"The kids are right," chuckles the doctor. "Everybody in America's a great man. You just can't be part of greatness and not share in it."

In America (he argues) things that used to belong only to the great are common property; a share in government through the right to vote; individual liberties guaranteed by constitution; freedom to speak one's mind; to work at what one pleases; to choose what one likes to eat or drink . . . whether beer or buttermilk.

But from where I sit, there's one important point to add . . . to make the doctor's definition ring true. We must be worthy of this greatness. We must have the humility to appreciate these blessings . . . never abuse them with intolerance, intemperance, or indifference.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

COMPONENT COUNTY SOCIETIES

ALACHUA

At the annual meeting of this society, the following officers were elected: Dr. Harry M. Merchant, president; Dr. John H. Thomas, vice-president, and Dr. Stuart D. Scott, secretary-treasurer.

The January meeting of the society was held on the evening of the 9th at the Alachua County Hospital. Dr. Walter Murphree spoke on one of the dangers of sulfonamide therapy, and reported a case in which an infant was given 10 grains of sulfathiazole. Although this drug had been administered on a previous occasion without ill effect, an immediate reaction followed which resulted in death in less than twelve hours. Dr. G. C. Tillman discussed this case, and deplored the lack of caution which seems prevalent in the prescribing of sulfonamides. There was a general discussion by the members of the society.

Following the motion for adjournment, the members were invited to the home of Dr. John Maines where refreshments were served.

BROWARD

At the annual meeting of this society, the following officers were elected to serve for 1945: Dr. Roland F. Fisher, president; Dr. Frank Denniston, vice-president, and Dr. O. C. Brown, secretary-treasurer.

COLUMBIA

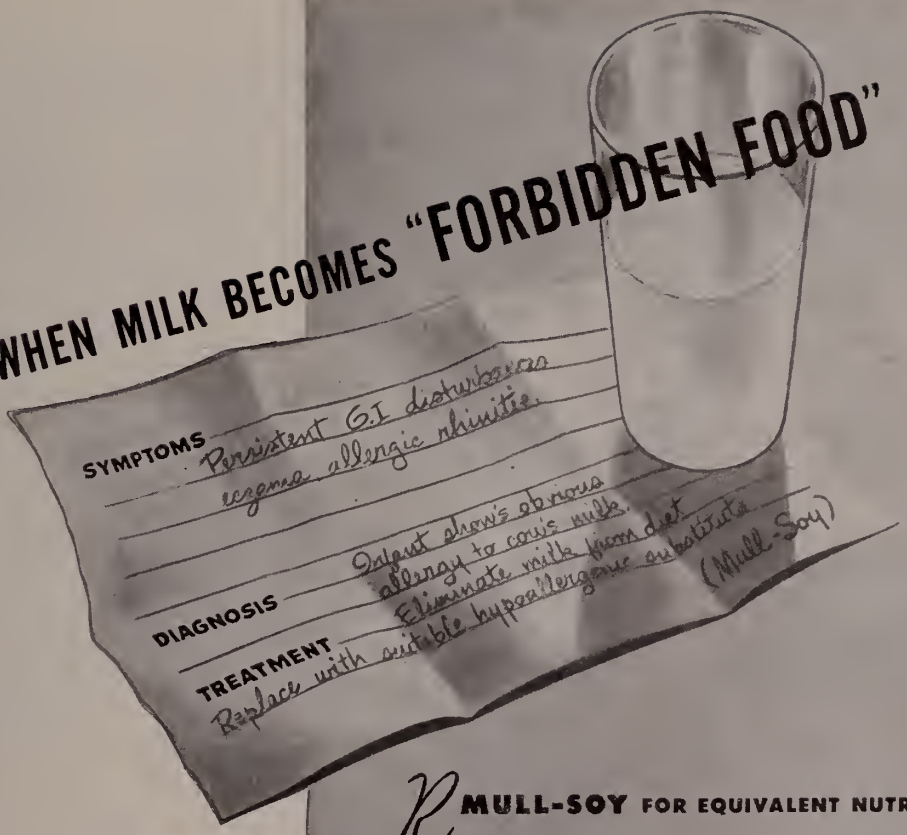
The annual election of officers of the Columbia County Medical Society was held on January 5. The following were selected: Dr. William S. Nichols, president; Dr. E. C. Crouch, vice-president, and Dr. T. H. Bates, secretary-treasurer.

All of the members of this society have paid State Association dues for 1945. Congratulations, Columbia County Medical Society!

DADE

The Dade County Medical Society held its regular meeting on the evening of February 6 at the Jackson Memorial Hospital. Lt. J. L. Dezavis and Dr. Frank L. Quillman presented a paper on "Recent Advances and Results of Venereal Treatment."

WHEN MILK BECOMES "FORBIDDEN FOOD"



℞ MULL-SOY FOR EQUIVALENT NUTRITION

While the manifestations of milk allergy or intolerance are most often seen in infants, they may be present at any age. And, when successful treatment demands complete elimination of milk from the diet, replacement by food approximately equivalent in nutritional elements becomes imperative.

MULL-SOY is an effective hypoallergenic substitute for cow's milk... a concentrated, emulsified liquid soy bean food which closely approximates cow's milk in protein, fat, carbohydrate and mineral content. It is palatable, well tolerated, easy to digest, and easy to prepare. Infants particularly relish MULL-SOY... and thrive on it!

Copies of "Tasty Recipes for Mull-Soy in Milk-Free Diets" are available for distribution to milk-allergic patients. Write

BORDEN PRESCRIPTION PRODUCTS DIV., 350 MADISON AVE., NEW YORK

COMPARATIVE COMPOSITION

1 Part Mull-Soy 1 Part Water		Average Whole Cow's Milk
3.1%	Protein	3.3%
4.0%	Fat	3.8%
4.5%	Carbohydrate	4.9%
1.0%	Total Minerals	0.7%
87.2%	Water	87.3%

Each provides 20 calories per fluid ounce



MULL-SOY

Hypoallergenic Soy Bean Food

MULL-SOY is a liquid emulsified food, prepared from water, soy bean flour, soy bean oil, dextrose, sucrose, calcium phosphate, calcium carbonate, salt and soy bean lecithin, homogenized and sterilized. Available in 15½ fl. oz. cans at all drug stores.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Wyeth

Longer and busier work days, with a shortage of materials and skilled help—these and other worries that increase the tension of the war years play havoc with those health habits so essential to well-being.

• • •

Petrogalar gently, persistently, *safely* helps to establish "habit time" for bowel movement. An aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly, Petrogalar is evenly disseminated throughout the bowel, effectively penetrating and softening hard, dry feces, resulting in comfortable elimination with no straining and no discomfort.

• • •

Five types of Petrogalar provide convenient variability for individual needs. Constant uniformity assures palatability and normal fecal consistency. • • •

Petrogalar Laboratories, Inc., Division
WYETH INCORPORATED, PHILADELPHIA 3, PA.

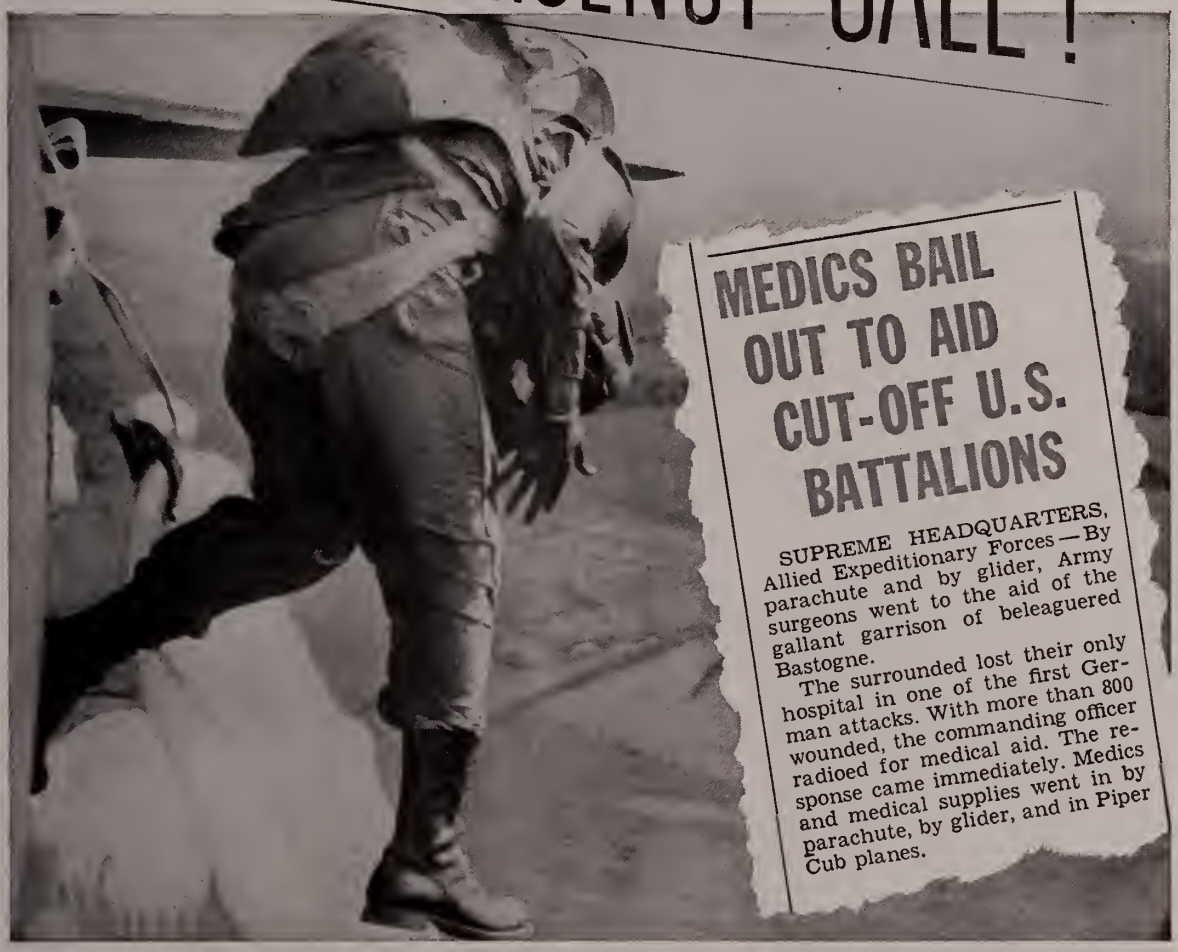
Petrogalar
REG. U. S. PAT. OFF.

helps establish "Habit Time"



SUPPLIED IN 8 AND 16-FLUIDOUNCE BOTTLES

EMERGENCY CALL!



FROM Bastogne to Leyte, the story is being repeated over and over again—of Army doctors, braving the battle hazards of the front line, risking *their* lives to *save* lives.

Emergency call? *Every* call is an emergency call to these *heroes in white*. And with the Army doctor, as with the fighting men they care for, rest is often limited to a few moments of relaxation and a good cigarette. A Camel cigarette, more than likely, for Camels are the favorite with men in all the services, according to actual sales records.

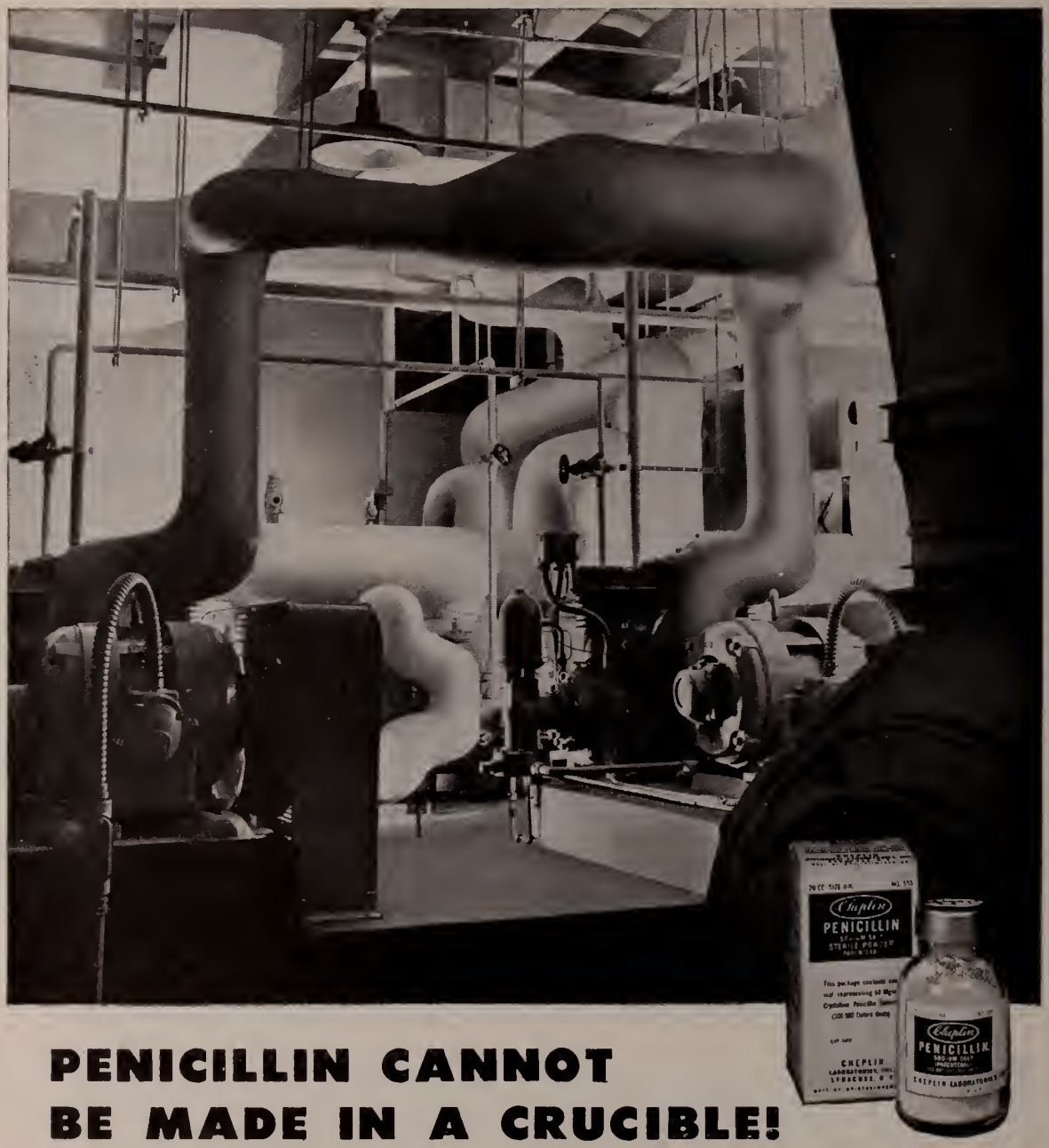
BUY WAR BONDS STAMPS



CAMELS

COSTLIER TOBACCOS

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.



PENICILLIN CANNOT BE MADE IN A CRUCIBLE!

Bring back Paracelsus and his crucibles today...show him the clinical picture of Penicillin...take him on a trip through a great Penicillin plant like that of Cheplin Laboratories. What would he think? Your guess is as good as ours!

Just as strides in clinical medicine have been unmeasurable since Paracelsus' time, so too have been the strides in mass-manufacture and plant-investment. In the Cheplin plant at Syracuse, for instance, there are alone thirty miles of pipe needed to make this new "wonder-drug."

Who can state Medicine and the Pharmaceutical Manufacturer aren't working together for a better post-war world? And Cheplin is doing its bit!

CHEPLIN
LABORATORIES INC.
(UNIT OF BRISTOL-MYERS COMPANY)

SYRACUSE • NEW YORK



Whatever happened to "Doc's" bedside manner?

They had called Jim "Doc" from his short-pants days, because all his friends and family knew that he planned to follow in the footsteps of his grandfather and favorite uncle—and become a doctor.

But Jim is not a doctor. His medical education has never started, his Bedside Manner has never been tried out. Like so many dreams and ambitions of gentler days, they have been shoved aside by the harsh demands of war.

There are thousands of young men whose medical careers have been pushed years into the future. Every year since the war began, fewer and fewer new doctors have been produced. At the beginning of this year, military requirements cut in half the number of students permitted admission in medical or pre-medical courses.

This is one reason why there not only is a serious doctor shortage now, but why that shortage will last long beyond the firing of the last shot.

There are other reasons. Bringing troops back from all over the world will be a long, difficult task—and their doctors will be among the last to be released. Many doctors will stay abroad to prevent epidemics that might eventually come to us. Doctors who do get back will have much of their time occupied in caring for casualties of the world's greatest war.

The very best way to save your doctor's time is to make use of his services the minute trouble arises. Never indulge in self-diagnosis. See your doctor early, in time for him to head off more serious trouble. And you can help him further by doing these three things:

Go to him—whenever you are able. House visits take time when someone else may need him urgently.

Keep your appointment promptly; make it at his convenience so that he can plan his crowded hours better.

Follow his advice to the letter—so that your trouble doesn't drag on, get complicated, or need extra attention.

One of a series of messages published as a public service by Wyeth Incorporated, Philadelphia . . . relied upon by your physician and druggist for pharmaceuticals, nutritional products, and biologicals—including penicillin and blood plasma.

HELP YOUR DOCTOR SAVE HIS TIME!

Wyeth

One of a series

of advertisements currently appearing in national magazines

Wyeth

first

to supply individual O-typing serum for the selection of the universal donor to make whole blood available to the fighting forces.

Since 1860 WYETH has consistently provided medicinals of first quality and dependability. Today a complete Line of pharmaceutical, nutritional and biological products including penicillin and blood plasma, bears the name WYETH — your assurance of the finest in laboratory preparations.

GROUP O SERUM

REICHEL DIVISION
WYETH INCORPORATED
PHILADELPHIA 3 • PENNSYLVANIA





Peace terms every man should make NOW!

The war is still on . . . and will be for some time to come.

But right now—before the war ends—every man in America has an unprecedented opportunity to make terms with himself for his own peace . . . his peace of mind.

For *now,* as never before, a man should look at his wife and family and say, "What can I offer them for the future?"

Now, as never before, a man should look at tomorrow and say, "How can I best prepare for some unforeseen emergency which might affect my family?"

And *now,* as never before, every man in America has a chance to answer these questions—an opportunity to provide for the future.

That opportunity is War Bonds. No doubt you are buying War Bonds through the Payroll Saving Plan. Arrange to buy *more* War Bonds. All you can afford.

What's even more important—don't cash in those War Bonds before they mature. Stick them away in a safe place—and forget about them till you can reap the full harvest on them.

Now is the time to make your plans for peace of mind. It's something you owe yourself . . . owe your family. Buy War Bonds and hold onto them!

FLORIDA MEDICAL ASSOCIATION

This is an official U.S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

UNITED DRUG COMPANY and YOUR REXALL DRUGGIST

YOUR PARTNERS IN HEALTH SERVICE



U. D. products are available wherever you see this sign

PURETEST PLENAMINS

SUPPLEMENT THE DIET WITH ESSENTIAL VITAMINS

Puretest Plenamins—A, D, B_1, C, E, G (B_2), B_6, Niacinamide, Calcium Pantothenate with Liver Concentrate and Iron Sulfate—are tested, checked and rechecked in the United Drug Company's Department of Research and Control, one of America's finest and most modern pharmaceutical laboratories.

Puretest Plenamins are economically packaged in amber and black capsules and are available in quantities of 72, 144 and 288 to the box. One amber and one black capsule supply the following essential vitamins:

Vitamin A.....5,000 U.S.P. Units
Vitamin D.....1,000 U.S.P. Units
Vitamin B_1.....666 U.S.P. Units
Vitamin C.....50 mg., 1,000 U.S.P. Units
Vitamin E.....Alpha Tocopherol, 1 mg.
Vitamin G (B_2).....2 milligrams
Vitamin B_6.....50 micrograms
Niacinamide.....20 milligrams
Calcium Pantothenate.....1 milligram
Liver Concentrate (1:20).....2 grains
Ferrous Sulfate.....1 grain

Puretest and U. D. products are obtainable only at Rexall Drug Stores where competent pharmacists carefully fill your prescriptions. For quality, convenience and economy in drug service and supplies, you can depend on your neighborhood druggist displaying the Rexall sign.



UNITED DRUG COMPANY

Boston • St. Louis • Chicago • Atlanta • San Francisco • Los Angeles
Portland • Pittsburgh • Ft. Worth • Nottingham • Toronto

PHARMACEUTICAL CHEMISTS • MAKERS OF TESTED-QUALITY PRODUCTS FOR MORE THAN 42 YEARS

Wyeth
REG. U. S. PAT. OFF.

Special Foods FOR INFANT NUTRITION



SMACO

PROTEIN S.M.A.*
(ACIDULATED)

An acidulated, easily digested high protein formula for all infants requiring a high protein intake

Protein S.M.A. Acidulated is a valuable aid in the management of premature and undernourished newborn infants, in cases of marasmus and malnutrition, in cases of diarrhea . . . This food has an easily digested curd and a liberal vitamin content . . . To increase the caloric value add Alerdex as the carbohydrate . . . As the infant recovers and weight reaches normal, it is well to begin feeding standard S.M.A.

Powder: 8-ounce tins

HYPO-ALLERGIC*
WHOLE MILK

For infants and children showing an allergenic reaction to proteins in cow's milk

Hypo-Allergic Milk is cow's milk rendered less allergenic by means of prolonged thermal processing which changes the character of the protein molecule . . . When liquefied it may take the place of whole cow's milk in any infant formula; in the same proportions, ounce for ounce . . . It may be used as a beverage and to replace milk in cooking for allergic adults, as well as children.

Powder: 1-pound tins
Liquid: 15½-ounce tins

ALERDEX*
Protein-Free Maltose and Dextrins

A carbohydrate for routine use in all milk formulae

Alerdex, a protein-free carbohydrate, is especially valuable in the preparation of formulae for the protein-sensitive infant . . . It is the ideal carbohydrate for the physician's favorite formula . . . Alerdex is prepared from non-cereal starch by a process which tends to hydrolyze completely all traces of protein . . . It is a valuable adjunct to special diets with Hypo-Allergic Milk and Protein S.M.A. Acidulated.

Calories: 27½ per tablespoonful.

Powder: 16-ounce tins

*REG. U. S. PAT. OFF.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition

AT PHARMACIES ONLY

THESE ARE SMACO PRODUCTS FROM THE S.M.A. DIVISION

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

CAMP TRADE MARK Belt for Inguinal Hernia



Belt with pad in place

Camp Spring Pad
(Patented)



Belt fitted, adapted to all types of build

IN patients with indirect inguinal hernia of small or moderate size, this belt with pad has proved successful in many instances in holding the hernia within the abdominal cavity. The comfort of a *belt* about the pelvic girdle is greatly appreciated by the patient.

The CAMP adjustable spring pad for use with the belt is equipped with prongs of piano wire. The strong flexible prongs fit firmly in the casings of the belt. Pads are available in varying shapes and depths.

The CAMP adjustment of the belt courses along the groin over the pad, hugging it in and up for the protection of the internal ring.

Surgeons who wish some protection over the area after operation will find this belt of particular advantage because the adjustment allows varying degrees of firmness about the lower abdomen.

S. H. CAMP & COMPANY • JACKSON, MICHIGAN • *World's Largest Manufacturers of Scientific Supports*
Offices in CHICAGO • NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND





'Dexin' does make a difference

COMPOSITION

Dextrins	75%
Maltose	24%
Mineral Ash	0.25%
Moisture	0.75%

Available carbohydrate 99%
115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce
Containers of 12 oz. and 3 lbs.

Literature on request

Proud Daddy is coming home

He is proud of his healthy baby and smart wife. Daddy may not know much about 'Dexin' but he does know that *his* baby does not seem to have the distention, colic and diarrhea that he hears about from other fathers.

And his wife always has plenty of time for herself, her baby and him. She says that 'Dexin' is easy to prepare, being soluble in either hot or cold milk. And that Baby takes it willingly even with other bland supplementary foods, because it is palatable without excess sweetness.

'Dexin' Registered Trademark

'Dexin'

HIGH DEXTRIN CARBOHYDRATE

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 E. 41st St., New York 17

Wyeth



One to One . . .

is the S.M.A. rule: one measure* of S.M.A. Powder to one ounce of warm (previously boiled) water, whatever the quantity desired. It is easy to prepare S.M.A. and it is easy for doctors to tell mothers how to do so.

Because S.M.A. is so closely akin to breast milk babies relish it . . . digest it easily . . . thrive on it. Like breast milk the S.M.A. formula remains constant. Only the quantity need ever be changed. S.M.A. babies are such comfortable babies . . . doctors as well as mothers are grateful for S.M.A.

IT'S EASY TO MIX . . .



S.M.A. is derived from tuberculin-tested cow's milk in which part of the fat is replaced by animal and vegetable fats including biologically assayed cod liver oil; with the addition of milk sugar, vitamins and minerals; altogether forming an antirachitic food. When diluted according to directions, it is *essentially the same as human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

**One S.M.A. measuring cup enclosed in each 16 oz. can of S.M.A. Powder.*

S. M. A. INFANT FOODS ARE COUNCIL ACCEPTED

Wyeth

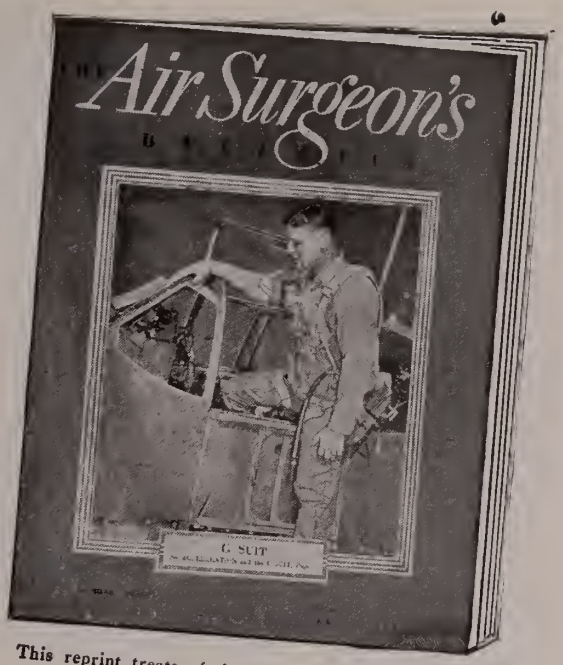
S. M. A. DIVISION • WYETH INCORPORATED • PHILADELPHIA 3, PA.

For Your Copy

Send Coupon Below

Authorized Release Of Article From *The Air Surgeon's Bulletin*

on



This reprint treats of the causes, symptoms, effects and prevention of pilot's blackout.

Anti-Gravity Combat Unit For The Prevention Of Pilot's "Blackout"

** Developed By The Designers Of*

SPENCER SUPPORTS

Solution of the blackout problem involved physiological research of marked interest to the medical profession. With the permission of the Army Air Force Medical Services, we are offering to the medical profession a reprint from *The Air Surgeon's Bulletin* of January, 1945.

* In the development of the combat unit we had the cooperation of the following:

The Aero-Medical Laboratory, and the Proving Ground Command of the Army Air Forces; the Medical Research Section of the Bureau of Aeronautics of the United States Navy; the National Research Council's Committee on Acceleration, members of which are associated with the Mayo Clinic, Johns Hopkins, Banting Institute, Yale University—and other medical and aviation authorities.

We are happy that our long experience with the basic engineering and physiological principles involved in the designing of Spencer Supports enabled us to provide such a valuable aid for our Air Forces.

INDIVIDUALLY DESIGNED

SPENCER

Medical, Surgical and Orthopedic

SUPPORTS

FOR ABDOMEN, BACK AND BREASTS

The Berger Brothers Company
and Subsidiary
Spencer Incorporated
137 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.
Please send me Reprint from The AIR SURGEON'S BULLETIN.

..... M.D.

Address G3-R



Penicillin...today's wonder drug

MORE PRECIOUS than the gold it resembles is the pinch of yellow dust in the bottom of a 20-cc., sterile, rubber-capped ampoule of Penicillin. This far-famed metabolic product of the lowly mold *Penicillium notatum* is a veteran performer of many miraculous cures. While the pharmaceutical industry was exhausting every resource to increase production of penicillin over and above the urgent needs of the armed forces, the drug was released for civilian use only in desperate cases, in many of which other treatment had failed. In this rigorous proving ground, penicillin has skyrocketed to fame.

The unique problems involved in the mass production of penicillin are rapidly being solved. The product has been purified to the point where it seldom causes side-effects or reactions. Safe, dependable, and pure, Penicillin, Lilly, represents a notable achievement in pharmaceutical excellence. Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, March, 1945 | No. 9

ACUTE THYROIDITIS

EDWARD JELKS, M. D.
JACKSONVILLE

The two pathologic conditions most frequently encountered in the thyroid gland are (1) localized variations in the structures of the gland, resulting in tumors, and (2) changes incident to disturbances in the physiologic function, causing hypothyroid and hyperthyroid states. It is only occasionally, in civilian life, that the gland suffers trauma. During the war, in military life many more injuries will doubtless be observed.

On account of the position of the thyroid gland, completely isolated from the outside by the surrounding tissues, it is unusual for the gland to be attacked by infection. Most of the glands of the body which become infected have drainage ducts that become occluded by stones, with obstruction and back pressure into the gland. Two conditions occur in the thyroid which appear to be of infectious nature of a chronic type. The more frequent is Riedel's struma. This is an enlargement of the gland with a chronic type of infection in which there is seen microscopically an infiltration of inflammatory round cells and fibrotic changes. In the second condition, Hashimoto's disease, the enlargement of the gland is caused by an increased infiltration of round cells throughout. What relation there is, if any, between these two conditions is not well understood.

In the seventeenth century, there were occasional reports on acute thyroiditis. Bauchet,[1] in 1857, reported 5 cases of this disease, giving a vivid description of the clinical appearance of the patients. Mygind,[2] discussing the condition in 1894, divided it into (1) simple, acute and (2) acute, suppurative types. Cochrane and Nowak,[3] in 1934, collected 10 cases from the records of the Boston City Hospital. Seven were suppurative in type, and 3 were nonsuppurative. In 1937, Means[4] recorded 12 cases, 1 occurring in a man and 11 in women.

In recent reports, Lahey[5] stated that in his clinic less than 10 cases were noted among 22,400 cases of thyroidectomy. An acute inflammatory process in the thyroid gland is observed so infrequently that I thought it might be of interest to report the 2 cases of this condition which have come under my observation.

Presented before the Riverside Hospital Staff meeting, Jacksonville, Oct. 24, 1944.

CLINICAL COURSE

The usual history is that the patient is suffering from severe pain in the neck, which is characterized by a rather rapid onset. It is so severe that he does not want to swallow and desires to keep the head still even if it must be splinted on a pillow. In the more severe cases, there may be drooling from the mouth because the patient purposely will not swallow. He does not, however, look acutely ill. All of the cardinal evidences of infection are present. There are fever, swelling of the gland, tenderness and leukocytosis. Usually, the symptoms clear up within one or two weeks, or the process progresses to the stage of suppuration with the formation of one or more abscesses.

It is thought that the infection reaches the gland as a rule through the blood stream. It may, however, develop along the sympathetics from some other infection in the neck or throat.

DIFFERENTIAL DIAGNOSIS

Differential diagnosis is one of the practical and more important considerations. Cellulitis of the neck may simulate acute thyroiditis. The chief difference is that in the former condition the involvement of the tissues is usually more diffuse and is located laterally rather than in the midline. This disease is, also, almost always secondary to some focus of the mouth. Acute hyperthyroidism would rarely be confused with thyroiditis except that sometimes the high fever might make one suspect an inflammatory process.

The differentiation of thyroiditis from a malignant condition is the chief source of confusion in diagnosis. There are certain infiltrating types of malignant disease which involve the gland rapidly, causing pain, hardness, tenderness and some elevation of temperature. The thyroid, in these conditions, is, however, usually much harder than in thyroiditis, and the other evidences of infection are not present.

TREATMENT AND PROGNOSIS

Since the inflammatory process in the gland usually resolves, it is wise to try nonoperative measures, such as fixation of the head, rest and localized cold; but when the process goes on to

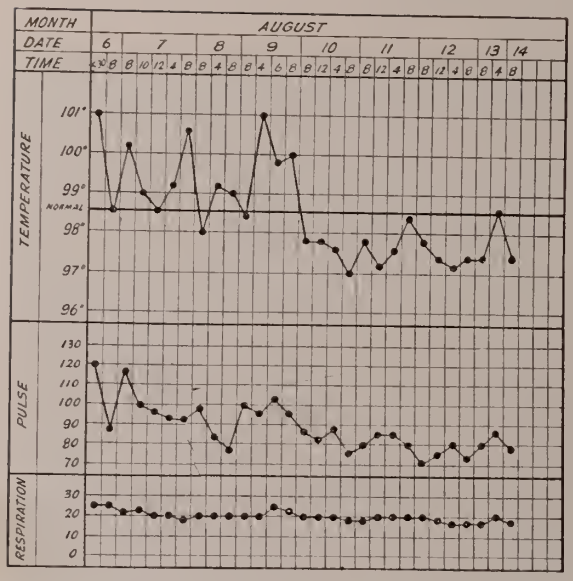


Fig. 1. Course in Case 1

suppuration, incision of the abscess or resection of portions of the gland may be necessary. The sulfonamides apparently have no beneficial effects. After the inflammatory process has subsided, there do not seem to be any subsequent disturbances of the function of the gland. Hypothyroidism does not usually develop.

REPORT OF CASES

Case 1.—Miss M. R. C., a school tacher aged 28, came under my observation first on April 28, 1942, complaining of a painful nodule and definite swelling with tenderness in the right lobe of the thyroid gland. The familial history was irrelevant except that the mother had a slight goiter. In early childhood the patient had had diphtheria, typhoid fever and pneumonia, and a tonsillectomy and an appendectomy had been performed. In 1938 she had had pneumonia again. Since she was 15 years of age, enlargement of the thyroid gland had been noted at times, but it had occasioned no pain or other inconvenience. For four months before I saw her, enlargement of this gland had been detectable, for six weeks there had been difficulty in swallowing associated with extreme soreness of the throat, and for a month the gland had been definitely increasing in size and she had been especially nervous.

On examination, definite enlargment of the thyroid gland was observed, especially on the right side where two hard, tender nodules were present. The condition appeared to be one of chronic thyroid disease with adenomatous changes in the right lobe, probably accompanied by hyperthyroidism.

A metabolism test was made on May 2. The basal metabolic rate registered at this time was —5 per cent.

The patient remained under the care of her physician, Dr. Horace R. Drew, for a time, but the pain in the neck became increasingly severe. On May 16 she was admitted to Riverside Hospital with definite signs of infection and tenderness in the neck which was so extreme that she had been obliged to remain away from her work at school.

At the time of admission she looked sick and held her head completely still. In the neck in the region of the thyroid there was a general swelling involving both lobes, which were of about equal size. The slightest palpation of the gland caused increased pain. The temperature was 98.2 F. The white blood cell count was 9,000 with 81 per cent polymorphonuclears. There was no evidence of infection in the mouth or throat.

An ice collar was applied, and the patient was given sulfadiazine until the blood level ran between 4 and 12 mg. per hundred cubic centimeters. The temperature reached a maximum elevation of 100.6 F. on the third and fourth days of hospitalization, but returned to normal after seven days. The soreness and tenderness in the neck

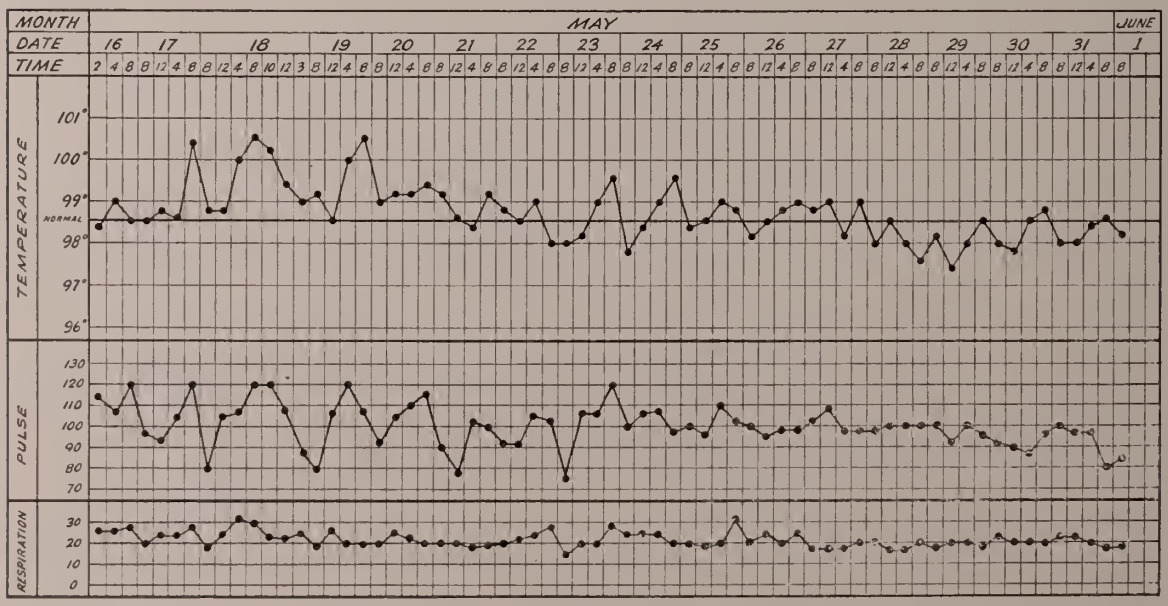


Fig. 2. Course in Case 2

gradually disappeared as the gland became smaller. She was discharged on the sixteenth hospital day.

The patient is now teaching school in South America. She has had no further trouble.

Case 2.—Mrs. J. A. G., an Ediphone operator aged 20, was admitted to Riverside Hospital on Aug. 6, 1944. There was a history of scarlatina in 1928, which had settled in the neck, and of a tonsillectomy in 1939. Recently, there had been slight bladder trouble for several weeks. On the day before coming into the hospital, the patient had experienced rather sudden pain in the lower portion of the neck in the midline anteriorly. She had tried to eat soft food, but this attempt had caused pain. Shortly afterward, she had noticed a swelling with tenderness over the region of the left lobe of the thyroid. The pain became so severe that she reported to Dr. Webster Merritt the next afternoon and was admitted to the hospital.

At the time of admission, the temperature was 101 F., and the pulse rate was 120. In the midline of the lower portion of the neck anteriorly there was a swelling which corresponded in shape to the thyroid gland and was about two or three times its normal size. The white blood cell count was 19,900 with 87 per cent polymorphonuclears. The sedimentation rate was 30 in one hour.

No chemotherapy was used in treatment. The patient was put to bed, and cold compresses were applied to the neck. The temperature returned to normal in five days. When she was discharged from the hospital on August 14, the swelling in the neck had diminished to about one half or one third of its former size. The tenderness had disappeared, and the patient was having no discomfort. She swallowed with ease. There was no evidence of infection in the mouth or throat.

A metabolic estimation was made sixteen days after the beginning of the attack. The rate registered was —8 per cent.

SUMMARY

A brief review of the reports in the literature on acute thyroiditis is given.

Two cases are reported which illustrate the characteristics of this disease. They include pain in the region of the thyroid, swelling of the gland, tenderness and the general signs of infection.

Resolution occurred in both instances without apparent permanent injury to the gland.

BIBLIOGRAPHY

1. Bauchet, L. J.: De la thyroidite (goitre aigu) et du goitre enflamme (goitre chronique enflamme), Gaz. hebd. de med. **4**: 19, 52, 75, 92, 1857.

2. Mygind, H.: Thyroidit.s acuta simplex, Hosp. Tid., Kjbenh. **2**: 1181 (4R.) 1894.

3. Cochrane, R. C., and Nowak, S. J. G.: Acute Thyroiditis with Report of Ten Cases, New England J. Med. **210**: 935-942 (May 3) 1934.

4. Means, J. H.: The Thyroid and Its Diseases, Philadelphia, J. B. Lippincott Company, 1937, p. 491.

5. Lahey, F. H.: Thyroiditis Differentiated from Malignancy, Lahey Bulletin **3**: 194-196 (Jan.) 1944.

Riverside Hospital.

APLASTIC ANEMIA TREATED WITH SULFADIAZINE

LT. ROBERT H. NICKAU, M. C., A. U. S.,
CLEVELAND

The case of a patient with aplastic anemia, who was recently studied for fifty-two days in the Duval County Hospital at Jacksonville and was then observed in the outpatient department at weekly intervals for an extended period, appears to be of sufficient interest to warrant reporting it to the medical profession. It is presented herewith:

REPORT OF CASE

A 52 year old white housewife was admitted to the hospital on Aug. 18, 1943. Her father had died of heart trouble, her mother had died of diabetes mellitus, one brother had committed suicide, and an aunt had died with malignant disease of the liver. As a child she had frequent "boils" and was once hospitalized for "blood poisoning" following vaccination. She had six children between the ages of 15 and 27 years. During two pregnancies she had had pronounced edema of the legs and headaches; with the first delivery she had had a third degree laceration resulting in a rectovaginal fistula, which had not been repaired until one year later. About three years before admission to the hospital, she had had a growth on her right cheek, which had been diagnosed as cancer and had disappeared following roentgen therapy.

For five years previous to admission, the patient had had great incompatibility with her mother-in-law, who had lived with her and had made her life miserable; this had led to constant friction with her husband and had so depressed her that at times she had contemplated suicide. This domestic trouble had led to symptoms of nervousness, weakness, apathy and anorexia; yet the patient did not appear to be typically neurotic. These symptoms had been so prominent that it was difficult for the patient to date the onset of her present illness.

During the summer of 1942 she had had a series of furuncles in the left axilla and on one occasion had had hordeola. In June 1943 she had had a series of furuncles in the right axilla, on which occasion she thought she had been given twelve "sulfa tablets," four the first day, then three daily. The tablets apparently had caused headache, perspiration, malaise, nausea and vomiting. Her local physician reported that the tablets were either stannoxyl or sulfathiazole. After that time, she had had extreme weakness, pallor (although she was pale beforehand), anorexia, nausea, nervousness and a gnawing feeling throughout the abdomen which extended up under the sternum. Palpitation and dyspnea on exertion had been noted, but there had not been edema. For four to six days prior to admission, she had had persistent vomiting and occasional bouts of diarrhea. There had been no loss of blood whatever, but for several weeks prior to admission she had noticed that she bruised easily. She had finished the menopause about five or six years before admission.

The physical examination revealed a fairly well developed and nourished white woman with white hair and great pallor, who appeared tired and chronically as well as acutely ill. The eyes showed no evidence of jaundice, and the pupils appeared normal. The fundi showed that the optic disks were well outlined, and just above the right disk there was a large flame-shaped hemorrhage; there was moderate arteriovenous nicking. The nasal septum was deviated slightly to the right, but there was adequate breathing space. There was good dental

Note—The work of the author was done prior to his entering military service.

Date	White Blood Cells	Granulocytes	Red Blood Cells	Platelets	Reticulocytes	Blood Level	Temperature and Treatment
8/19/43	2500	6% (150)	1.21 M				100.4-101
8/20/43							
8/21/43							100.6-101
8/22/43			1.78 M	46,000			500 cc. Whole Blood No. 1 101.6-102.6
8/24/43	750	12% (90)	1.68 M	15,120			102.4-103.8 500 cc. Whole Blood No. 2 101.4-101.6
8/26/43	800	8% (64)	2.03 M	20,300			500 cc. Whole Blood No. 3 101.2-101.6
8/28/43	600	25% (150)	2.46 M	12,300	0.5%		500 cc. Whole Blood No. 4 100-100.8
8/29/43							500 cc. Whole Blood No. 5 Perineal ulcers noted since yesterday 101-102
8/30/43	450	32% (144)	2.75 M	22,000	0.2%		Sulfadiazine Gm. 3 Gm. 1 99.8-102.6
8/31/43						10.8	500 cc. Whole Blood No. 6 99.2-102
9/1/43	800	20% (160)	2.69 M	14,940	0.7%		Sulfadiazine Gm. 1 every 6 hrs. 99.2-101
9/2/43							500 cc. Whole Blood No. 7 98.6-100
9/3/43							97.4-99
9/4/43	1200	18% (216)	3.20 M	25,600	1.8%	7.8	500 cc. Whole Blood No. 8 97-101.8
9/7/43	1450	20% (290)	3.39 M	33,900	1.2%		98-99.4
9/8/43						5.8	500 cc. Whole Blood No. 9 98.-99
9/10/43	1100	16% (176)	3.50 M	35,000	1.0%		500 cc. Whole Blood No. 10
9/13/43	1300	22% (286)	3.75 M	26,250	1%		99-99.6
9/17/43	800	20% (160)	3.80 M	26,600	1%	2.9	500 cc. Whole Blood No. 11 99-100
							500 cc. Whole Blood No. 12 Sulfadiazine increased to Gm. 1 every 4 hrs.
9/20/43	850	12% (102)	3.83 M	42.130	1%		99-102
9/23/43	1950	16% (312)	4.11 M	53,430	0.7%	10.2	500 cc. Whole Blood No. 13 98.6-99
9/28/43	1250	31% (387)	3.79 M	63,730	2%	16	500 cc. Whole Blood No. 14 98-98.6
9/29/43							500 cc. Whole Blood No. 15 98.6-99
10/2/43	2250	24% (540)	3.47 M	114,510	1.9%	9.8	Decrease to Gm. 1 every 6 hrs. 97.8
10/4/43							500 cc. Whole Blood No 16 98-98.6
10/7/43	1700	30% (510)	3.11 M	43,400	1.7%		Sulfadiazine discontinued 98.6-100
10/13/43	2400	34% (816)	3.59 M	96,930	2.2%		500 cc. Whole Blood No. 17 97-98
10/18/43	2950	40% (1,180)	3.84 M	105,200	1.9%		97.6-98.
10/20/43							98-98.2
10/23/43	2250	48% (1,080)	3.93 M	102,180	3.6%		500 cc. Whole Blood No. 18 97.4-97.8
10/29/43							98-98.6
11/1/43	5150	52% (2,678)	4.43 M	389,840	4%		500 cc. Whole Blood No. 19 97-97.2
11/8/43	5550	55% (3,052)	4.30 M	129,000	3.8%		97-98
11/9/43	Discharged to Clinic						98
11/17/43	5350	66% (3,531)	4.08 M				
11/24/43	5700	60% (3,420)	4.11 M	230,000	6.2%		
12/1/43	4850	54% (2,619)	4.12 M	98,800	5.6%		
12/8/43	6000	69% (4,140)	4.15 M	156,000	2%		
12/15/43	5650	55% (3,108)	4.23 M	219,960	2%		

hygiene, and the pharnyx was clear. The chest was resonant, and normal breath sounds were heard; there was scattered fine moist rales at the bases of the lungs, but there were no signs of consolidation. The heart was percussed just to the left of the midclavicular line; there was a regular sinus rhythm with a rate of 100; a soft, blowing, apical, systolic murmur was heard, and this murmur was transmitted over the precordium. The blood pressure was 112 systolic and 62 diastolic. Palpation of the abdomen revealed mild tenderness in the right upper quadrant; the liver, spleen and kidneys were not felt; a well healed suprapubic operative scar was seen. Vaginal examination showed a relaxed introitus; the uterus was not enlarged, and no adnexal masses were felt; the cervix was lacerated, and several small erosions were seen. A few external hemorrhoids, one thrombosed, were noted on rectal examination. The skin showed a dusky yellow tint; no petechiae were noted, but several small bruises were seen on the extremities. There was no edema, cyanosis, nor clubbing of the extremities, but there was great pallor of the nailbeds. No lymphadenopathy was noted, and the neurologic examination was essentially negative.

The laboratory examinations of most importance were the blood counts, which are recorded in table 1. The other examinations were as follows: urinalysis, es-

sentially negative. Kahn reaction, negative; icterus index, 8.6 mg. per hundred cubic centimeters; total serum protein, 4.4 mg. with an albumen-globulin ratio of 1.9 to 1; blood sugar, 102 mg.; cholesterol, 105 mg.; nonprotein nitrogen, 16.5 mg.; and prothrombin time, 84 per cent. The bleeding time was thirty-five seconds, the clotting time was two minutes and thirty seconds, and the clot retraction was slight in twenty-four hours. The gastric analysis showed free hydrochloric acid of 72 degrees and a total acidity of 82 degrees. The stool showed no occult blood, but the test for urobilin and bilirubin gave positive results. A blood culture was sterile, and blood swears were negative for malarial parasites. The cephalin flocculation test was 4 plus at twenty-four and forty-eight hours. A biopsy of the skin showed no increase in the hemosiderin deposits. A sternal puncture for a specimen of bone marrow was done early in the course of the illness, but in error was discarded. Unofficially, the sternal biopsy was interpreted as showing diminution in the cellular elements. The hemoglobin content of the blood paralleled the red blood cells, the color index varying slightly above and below normochromia.

On her admission to the hospital it was obvious that the patient was seriously ill, and in spite of treatment her condition grew steadily worse. On August 27, two large sloughing necrotic ulcers around the rectum and in the perineum were first noticed; however, no necrotizing lesions of the mucus membranes of the oropharyngeal cavity were seen. About this time the patient was becoming semimoribund, and with the realization that the outcome probably would be fatal, administration of sulfadiazine was begun, 3 Gm. for the initial dose to be followed by 1 Gm. every four hours. In addition to sulfadiazine and whole blood transfusions, as noted in table 1, the patient was also given iron, vitamins and extract of red bone marrow by mouth, and liver parenterally. On the night of August 24, 10 cc. of pentnucleotide was given intramuscularly, and beginning August 26 this dose was repeated every eight hours for ten doses.

The laboratory data and the temperature recordings shown in table 1 indicate a definite if not immediate improvement after the administration of sulfadiazine. Likewise, it was apparent to several observers about this time that there was gradual clinical improvement. When, however, the sulfadiazine dosage was decreased and the sulfadiazine level became low (2.9 mg.), there was a definite diminution in the granulocytes. When the sulfadiazine dosage was again increased, the granulocytes once more appeared in greater numbers. The patient experienced mild toxicity from the sulfadiazine in the form of occasional nausea and vomiting, but because of her apparent general improvement, the drug was continued until October 4. At this time, the temperature had not risen above 99 F. in thirteen days, the blood picture was improving, and the patient was completely asymptomatic. The improvement continued after the cessation of the drug, and she was discharged to the clinic on November 9.

DISCUSSION

The question of the etiology of aplastic anemia arises. The entity may be (1) primary or idiopathic, or (2) secondary, due to an agent injurious to the bone marrow such as benzol, arsenobenzol, roentgen rays, or radium. January and Fowler[1] suggested the possibility that all cases of aplastic anemia are idiopathic in origin, there being an inherent but latent defect in the bone marrow. This cannot be detected under ordinary circumstances, but becomes evident when the chemical or toxic stimulus acts as a trigger mechanism bringing to light the latent defect. They point out, however, that this hypothesis is not susceptible to definite proof by clinical or experimental means at the present time.

Recently the literature has established the fact that the sulfonamides may cause not only agranulocytosis and thrombocytopenia, but also an aplastic type of anemia.[2] In this case, roentgen therapy had been administered three years previously, and it is probable that twelve tablets of sulfathiazole were taken two months previously, the latter producing a toxic reaction. It seems unlikely that the roentgen therapy was a factor in the course of the disease.

A few reports have appeared in the literature on the treatment of agranulocytosis with the sulfonamides.[3, 4] In some of these cases, as well as in the case of aplastic anemia here presented, additional measures to combat the anemia and leukopenia were employed. Thus some doubt may be cast upon the etiologic role which the sulfonamide played in the recovery of the patient. The course of recovery was, however, much shorter than in other previously reported cases with recovery when the patient was not treated with sulfonamides.[5, 6] Vaughan[7] reported cases of acute aplastic anemia of two to four weeks' duration with recovery, but evidently the case presented does not come within this category because of the prolonged duration and gradual onset of symptoms. The entire action of the sulfadiazine in this case is not definitely determined, but probably its greatest effect was in controlling the sepsis present.

SUMMARY

The recovery of a patient suffering from aplastic anemia was seemingly influencd by the administration of sulfadiazine.

REFERENCES

1. January, L. E., and Fowler, W. M.: Aplastic Anemia, Am. J. Clin. Path. **10**: 792-799 (Nov.) 1940.

2. Meyer, L. M., and Perlmutter, M.: Aplastic Anemia Due to Sulfathiazole, J.A.M.A. **119**: 558-559 (June 13) 1942.

3. Dameshek, W., and Wolfson, L. E.: Preliminary Report of a Case of Aplastic Anemia Following Gold Injections J. M. Sc. **203**: 819-823 (June) 1942.

4. Heilig, R., and Visveswar, S. K.: Malignant Leukopenia Successfully Treated with Sulfapyridine, J.A.M.A. **122**: 591-594 (June 26) 1943.

5. Wintrobe, M. M.; Stowell, A., and Roll, R. M.: Report of a Case of Aplastic Anemia Followng Gold Injections in which Recovery Occurred, Am. J. M. Sc. **197**: 698-706. (May) 1939.

6. Mirick, G. S.: Idiopathic Aplastic Anemia with Recovery, Ann. Int. Med. **14**: 2307-2309 (June) 1941.

7. Vaughn, S. L.: Aplastic Anemia, New York State J. Med. **42**: 978-985 (May 15) 1942.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

JOHN R. BOLING, M.D., President.....*Tampa*
SHALER RICHARDSON, M.D., President-elect...*Jacksonville*
W. C. MCCONNELL, M.D., 1st Vice Pres....*St. Petersburg*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
ROBERT D. FERGUSON, M.D., 3rd Vice Pres.....*Ocala*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
HOMER L. PEARSON, M.D., Editor.....*Miami*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WILLIAM M. ROWLETT, M.D., Chm...AL-45.....*Tampa*
L. W. BLAKE, M.D...C-46.....*Bradenton*
DUNCAN T. MCEWAN, M.D...B-48.....*Orlando*
WALTER C. PAYNE, M.D...A-45.....*Pensacola*
LEIGH F. ROBINSON, M.D...D-47.....*Ft. Lauderdale*
GILBERT S. OSINCUP, M.D...PP-45.....*Orlando*
EUGENE G. PEEK, M.D...PP-46.....*Ocala*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

HERBERT E. WHITE, M.D., Chm...B-47.....*St. Augustine*
JAMES G. LYERLY, M.D...AL-45.....*Jacksonville*
DANIEL A. MCKINNON, M.D...A-48.....*Marianna*
DOUGLAS D. MARTIN, M.D...C-46.....*Tampa*
*J. R. BOULWARE, M.D. (Alternate..C-46).....*Lakeland*
HOMER L. PEARSON, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...AL-45.*Jacksonville*
THOMAS H. BATES, M.D...A-48.....*Lake City*
HORACE A. DAY, M.D...B-45.....*Orlando*
WHITMAN C. MCCONNELL, M.D...C-46....*St. Petersburg*
C. F. ROCHE, M.D...D-47.....*Miami Beach*
JOHN R. BOLING, M.D. (Ex Officio).....*Tampa*
ROBERT B. MCIVER, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

HOWARD G. HOLLAND, M.D., Chm...B-47.....*Leesburg*
JOHN S. HELMS, M.D...C-46.....*Tampa*
*JAMES L. ESTES, M.D. (Alternate..C-46).....*Tampa*
CAYETANO PANETTIERE, M.D...D-45.....*Miami Beach*
WILLIAM D. SUGG, M.D...AL-45.....*Bradenton*
JOHN K. TURBERVILLE, M.D...A-48.....*Century*

PUBLIC RELATIONS

LEIGH F. ROBINSON, M.D., Chm...D-48...*Ft. Lauderdale*
JOHN W. SNYDER, M.D...AL-45.....*Miami*
JAMES L. STRANGE, M.D...B-46.....*McIntosh*
CAROL C. WEBB, M.D...A-47.....*Pensacola*
HARPER E. WHITAKER, M.D...C-45.....*Tampa*

NECROLOGY

JOHN C. VINSON, M.D., Chm...AL-45.....*Tampa*
GERRY R. HOLDEN, M.D.,..B-46.....*Jacksonville*
OLIVER M. MCDUFFEE, M.D...C-48.....*Manatee*
GERARD RAAP, M.D...D-45.....*Miami*
COURTLAND D. WHITAKER, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D...Chm...B-46.....*Jacksonville*
THOMAS E. BUCKMAN, M.D...AL-45.....*Jacksonville*
DAVID R. MURPHEY, M.D...C-45.....*Tampa*
*GEORGE L. COOK, M.D. (Alternate..C-45).....*Tampa*
E. STERLING NICHOL, M.D...D-48.....*Miami*
JAMES H. POUND, M.D...A-47.....*Tallahassee*

CANCER CONTROL

JOSEPH HALTON, M.D., Chm...C-47.....*Sarasota*
CHARLES J. COLLINS, M.D...B-48.....*Orlando*
MAYHEW W. DODSON, M.D...A-46.....*Pensacola*
ALFRED G. LEVIN, M.D...D-45.....*Miami*
*GERARD RAAP, M.D. (Alternate..D-45).....*Miami*
HERMAN WATSON, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

FERDINAND A. VOGT, M.D., Chm...D-45.....*Miami*
HERBERT L. BRYANS, M.D...A-47.....*Pensacola*
ROBERT D. FERGUSON, M.D...B-48.....*Ocala*
THOMAS C. MAGUIRE, M.D...AL-45.....*Plant City*
JOSEPH W. TAYLOR, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

ELIJAH T. SELLERS, M.D., Chm...B-47.....*Jacksonville*
J. POWELL ADAMS, M.D...A-48.....*Panama City*
GEORGE A. DAME, M.D...AL-45.....*Fernandina*
ALVIN L. MILLS, M.D...C-46.....*St. Petersburg*
WILEY M. SAMS, M.D...D-45.....*Miami*

INTERRELATIONSHIP

WILLIAM M. DAVIS, M.D., Chm...C-46....*St. Petersburg*
SIMON E. DRISKELL, M.D...B-48.....*Jacksonville*
HENRY J. PEAVY, M.D...D-45.....*Ft. Lauderdale*
WILLIAM C. RENTZ, SR., M.D...AL-45.....*Miami*
RALPH B. SPIRES, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

WILLIAM C. BLAKE, M.D., Chm...C-46.....*Tampa*
EARLSWORTH C. BRUNNER, M.D...D-45.....*Miami*
LUTHER C. FISHER, JR...A-47.....*Pensacola*
LOUIE LIMBAUGH, M.D...B-48.....*Jacksonville*
RALPH S. TORBETT, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. MASON SMITH, M.D., Chm...C-46.....*Tampa*
WILBUR O. ARNOLD, M.D...D-48.....*W. Palm Beach*
BENJAMIN F. BARNES, M.D...A-47.....*Chattahoochee*
W. HENRY SPIERS, M.D...AL-45.....*Orlando*
ROLLIN D. THOMPSON, M.D...B-45.....*Orlando*

MATERNAL WELFARE

WILLIAM C. THOMAS, M.D., Chm...B-47.....*Gainesville*
LAURIE L. DOZIER, M.D...A-45.....*Tallahassee*
SAMUEL C. HARVARD, M.D...C-48.....*Brooksville*
RALPH W. JACK, M.D...D-46.....*Miami*
SAMUEL R. NORRIS, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

GEORGE L. COOK, M.D., Chm...AL-45.....*Tampa*
LUTHER W. HOLLOWAY, M.D...B-48.....*Jacksonville*
WARREN W. QUILLIAN, M.D...D-45.....*Coral Gables*
*W. W. MCKIBBEN, M.D. (Alternate..D-45).....*Miami*
COUNCILL C. RUDOLPH, M.D...C-46.....*St. Petersburg*
EUGENE D. THORPE, M.D...A-47.....*Madison*

CONSERVATION OF VISION

CARL E. DUNAWAY, M.D., Chm...D-48.....*Miami*
SHERMAN B. FORBES, M.D...C-45.....*Tampa*
MOZART A. LISCHKOFF, M.D...AL-45.....*Pensacola*
WILLIAM S. NICHOLS, M.D...A-47.....*Lake City*
SHALER RICHARDSON, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

GEORGE C. TILLMAN, M.D., Chm...B 46.....*Gainesville*
JAMES M. ANDERSON, M.D...AL-45.....*Cross City*
ANNETTE M. FEASTER, M.D...C-48.....*St. Petersburg*
LUTHER C. FISHER, M.D...A-47.....*Pensacola*
ARTHUR L. WALTERS, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. RENFRO DUKE, M.D., Chm...C-45.....*Tampa*
JULIUS C. DAVIS, M.D...A-47.....*Quincy*
GERRY R. HOLDEN, M.D...B-48.....*Jacksonville*
JOHN A. SIMMONS, M.D...AL-45.....*Arcadia*
FERDINAND A. VOGT, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

FREDERICK J. WAAS, M.D., Chm...AL-45....*Jacksonville*
First—COURTLAND D. WHITAKER, M.D...1-45..*Marianna*
Second—G. WILMOT BROWN, M.D...2-46.....*Tallahassee*
Third—LUCIEN Y. DYRENFORTH, M.D...3-45..*Jacksonville*
Fourth—C. MCK. TYRE, M.D...4-46.....*Eustis*
Fifth—W. WARDLAW JONES, M.D...5-46.....*Dade City*
Sixth—EDGAR WATSON, M.D...6-45.....*Lakeland*
Seventh—WILLIAM Y. SAYAD, M.D...7-45...*W. P. Beach*
Eighth—E. M. HENDRICKS, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

EDWARD JELKS, M.D., Chm.....*Jacksonville*
SHALER RICHARDSON, M.D., Vice Chm.....*Jacksonville*
J. C. DICKINSON, M.D.....*Tampa*
WALTER C. JONES, M.D.....*Miami*
EUGENE G. PEEK, M.D.....*Ocala*
CAROL C. WEBB, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, M.D., Delegate.....*Miami*
GEORGE C. TILLMAN, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
EDWARD JELKS, M.D., Delegate.....*Jacksonville*
MEREDITH MALLORY, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

JACKSONVILLE MEETING CANCELED

The Board of Governors of the Florida Medical Association, after consideration of all factors involved, has officially announced the cancellation of the Seventy-Second Annual Meeting of the Association scheduled for Jacksonville, April 12 and 13.

The action this year is taken voluntarily in order to cooperate to the fullest possible extent with the request of the Office of Defense Transportation and in the interest of the Nation's war effort.—H. L. P.

BOARD OF GOVERNORS' MEETING

On February 4 the Board of Governors held an all-day meeting in Jacksonville. After consideration of all factors involved, the Seventy-Second Annual Meeting of the Florida Medical Association, scheduled for Jacksonville, April 12 and 13, 1945, was canceled. Mr. Sam R. Marks, the Association's attorney stated, "Since the Board of Governors has full executive authority, I think it, and it alone, has the power to revoke or call off this meeting." He further stated, "The present officers will be entitled to hold over and serve until a meeting of the Association is duly called and held."

On recommendation of the Duval County Medical Society, Dr. Raymond Sanderson of Jacksonville was elected an Honorary Member.

Formal endorsement was given to the project of the National Research Council for improving flour and bread by enrichment with vitamins of the B complex and iron to state levels in this country. The program was initiated in the Council on Food and Nutrition of the American Medical Association.

It was decided to recommend to the next session of the Legislature that immediate action be taken in establishing a branch of the State Insane Asylum at Avon Park.

Dr. Leigh F. Robinson, chairman of a special committee on prepaid hospital and medical care, made a progress report of the activities of his committee. An adjustment was made by the inclusion of a definition of hospital and of professional services in the contract, and the Blue Cross agrees to pay for professional services, not to provide them. Dr. Robinson recommended, on prepaid medical service, that an enabling act be passed at the next session of the State Legislature; that the matter be referred to the attorney of the Florida Medical Association for a report on the enabling act, and that when this is received the president appoint a committee, after consultation with the chairman of the Board of Governors, to carry out the recommendations as submitted.

Dr. Julius Davis, chairman of a committee to confer with the Governor on Public Health questions, particularly those concerning rural districts, made a progress report. The statistical part of Dr. Davis' report will be published in the Journal.

Members in attendance: Drs. W. M. Rowlett, chairman, Duncan McEwan, W. C. Payne, Leigh F. Robinson, Eugene Peek, John R. Boling, and Robert B. McIver. Those attending in an advisory capacity: Drs. Shaler Richardson, Homer L. Pearson, Edward Jelks, Walter C. Jones, Julius Davis, Herbert Bryans, W. S. Manning, W. McL. Shaw, and George Dame; S. R. Marks (attorney), and Stewart Thompson.—H. L. P.

FROM MY POINT OF VIEW

A recent survey in California was taken of public opinion concerning the practice of medicine and the doctors of America. The poll showed the usual result of the bill of goods that certain interested parties are selling to the public, i. e., the majority "were in favor of state medicine." In addition. 36 per cent of those contacted "thought doctors were 'dishonest.'"

Now this latter statement could readily be a serious thing if surface facts alone were considered. But if basic principles are taken into account, i. e., the method and means leading up to this expressed opinion, a doctor should not be too greatly concerned over it. I say *greatly* concerned—by that I mean he should not ignore it but should, if possible, take steps to correct the reason for it.

It must always be borne in mind that what the people actually think and do must be our first consideration, for we cannot sit back and just hope that they will think and do what we consider the correct thing.

If I were called upon to judge the correctness or incorrectness of the present method of running our grocery stores, or to give an opinion as to the honesty of grocers in general, it seems to me that before doing so, I would have to know a great deal more than I do about the present methods. I should make myself acquainted with the difficulties and expenses involved, the t r a i n i n g necessary to be a good grocer, all the various things which enter into the selling price of an article, and how a different system would correct the evils existent before I would feel I had a right to express an opinion as to whether a complete change was advisable and as to whether a particular grocer was honest.

But without any deep knowlelge of the factors involved in the present system of medical practice, people *do* express their opinion or form it from the suggestions thrown out by others who may or may not know these facts and may or may not be interested parties, i. e., who would profit financially from a change and the public be hanged.

I get heartily sick and tired of hearing people unacquainted with the facts exclaim, "If you doctors don't do something to change conditions, the government will force some scheme down your throat!" When one surveys the innumerable procedures, most of which have been initiated by or backed by physicians, which have been and are being tried in an endeavor to correct some of the poorer methods in American medicine, one begins to wonder if there is any general plan which will satisfy and meet the needs of 75 per cent of the diversified requirements and ideas of the American public.

As to the question of honesty, many deep thinkers believe that dishonesty is forced upon most people who are so classified. Ignorance of their problems, a lack of insight into deep human characteristics, frequently place legal handicaps upon people or a class of people who cannot and will not endure what they consider an injustice.

Is a physician an exception to that rule? No. A few examples will suffice.

A woman, financially well-to-do, aged 32, and who had three children came to me for treatment for her asthma. One day she asked me what was to her a simple question. "Doctor, I am terribly constipated and have been for years. What would you advise me to take for it?" My reply was, "The constant taking of drugs for temporary relief is not a good procedure. I would advise that you consult an internist. He would probably want a pelvic examination and a roentgen study made, and would endeavor to find the *cause* of your constipation." A withering, contemptuous look came over her face, and she left the office.

Later she made this remark, "Isn't it terrible how dishonest doctors can be. He just wanted to take a lot of my money." She happens to belong to the Cancer Prevention Association.

If people of this type, where the old excuse of "too much expense" was not present, will have the above reaction, and with lack of knowledge, erroneously classify as dishonest a man and a system, who is to blame the individual so classified who takes the easiest, even though the dishonest way out, and in this case, writes a prescription for "Dr. Conley's Constipation Cure"?

A man, aged 31, with seasonal hay fever due to ragweed, came to me for treatment October 10. I explained to him that the ragweed would cease to trouble him in two weeks since its blooming

time in Florida did not extend beyond October 24. But he had read of treatment with ragweed pollen and insisted upon having it. Again I explained to him the first fact plus the fact that treatment during the season yields too poor results to be justifiable. He bore me down. It was 11:00 a.m., and I had enough energy to withstand his lay ideas and refuse to use that method. He left. Was I honest? I think so.

But another doctor treated him with ragweed pollen. Nature stopped his hay fever in two weeks, and the patient told a great many people that I did not know how to treat hay fever, and Dr. Blank did. But I know Dr. Blank; he is a very busy man, and he saw this patient at 5:00 p.m.—at a time when many patients that day had browbeaten all the resistance out of him. So he did not have left what it takes to hold off this positive man. Was he dishonest or was he forced to be?

The above cases show how people *do* judge the doctor. It also shows that with their lack of knowledge, they should *not* judge.

Pursuing the subject further, would it not be easy to persuade such individuals that a change from what they erroneously think is a dishonest system to "state medicine" will answer all the problems? And yet, they have as little concept of what "state" or "federal" medicine really means as they do the causes of hay fever or constipation.

But these are only examples of people who are "qualified voters;" they do vote, and they do have power. Without a deep knowledge of all the factors involved, they should exercise that power only to delegate it to experts in the problem under consideration.

So while 36 per cent do classify physicians as "dishonest," the physician should not feel that such a conclusion is justified. But he must realize that this *is* the conclusion of this percentage of the people and endeavor to correct the reasons for it. Every doctor will admit that there are some faults in our system,and that there are some dishonest men amongst us, but 36 per cent is entirely too high, and I for one, in view of the above cited reasoning, emphatically deny that such a high percentage ever approaches the truth.—Frank C. Metgzer, M. D.

GRADUATE SHORT COURSE TO BE HELD IN JACKSONVILLE

Dr. T. Z. Cason, chairman of the Association's Committee on Medical Postgraduate Course, has just announced that the Graduate Short Course scheduled for June 25-30, 1945, will be held in Jacksonville as scheduled.

Mr. R. H. Clare, secretary, War Committee on Conventions, on February 1 forwarded a communication stating that the Committee is of the opinion that this graduate course, as described, is a course of instruction rather than a convention and hence does not fall in the scope of the Committee's authority.

All members of the Florida Medical Association are urged to attend the Graduate Short Course sessions scheduled for June in the George Washington Hotel, Jacksonville.

MEDICAL LICENSES GRANTED

The secretary of the State Board of Medical Examiners reports that of the 57 applicants who took the examination of the Board, held in Jacksonville on November 20 and 21, 52 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 52 successful applicants follow:

Blum, Henry, New York, N. Y. (Bellevue, 1920).
Brezin, David, Camp Blanding (Michigan, 1937).
Brill, Arthur, Hollywood (Western Reserve, 1931).
Brown, Robert J., Jacksonville (Georgia, 1944).
Bryant, Henry H. III, Miami (Emory, 1944).
Baggs, Wade H., Jr., Jacksonville (Emory, 1944).
Campbell, Elmer B. Jr., Brooklyn, N .Y. (Emory, 1944).
Cohen, Abraham, St. Petersburg (Howard, 1935).
Colsky, Jacob, Miami (Tennessee, 1944).
Cominole, Bruce, Gloversville, N. Y. (Albany, 1940).
Crankshaw, Daune W., New Orleans (Mich., 1913).
Crews, John E., Orlando (Med. Evang., 1943).
Cushman, Harry R., St. Petersburg (Oklahoma, 1935).
Dickens, Benjamin F., Fernandina (Georgia, 1943).
Dower, Clancy M., Silver Spgs., Md. (Med. Evang., 1941).
Dwork, H. K., Newark, N. J. (Pennsylvania, 1927).
Hall, Frank L., Sarasota (Georgetown, 1925).
Henschen, Hal, Jacksonville (Emory, 1944).
Hodges, William A. Jr., Atlanta (Emory, 1944).
Hundley, Joseph L., Callands, Va. (Virginia, 1934).
Johnson, Garland M., Hollywood (Boston, 1940).
Jones, Nathaniel, Jacksonville (Rochester, 1937).
Julien, Lewis L., Brooklyn, N. Y. (N. Y. Homeo., 1931).
Kennedy, Alpheus T., Jacksonville (Emory, 1944).
Kirkpatrick, Jere W., Hernando (Vanderbilt, 1916).
Kuhn, Mark A. R., Miami (Iowa, 1944).
Lindner, John D., Ocala (Virginia, 1944).
Losner, Irving, Miami (Louisiana, 1944).
Lowe, William E., Miami (Pennsylvania, 1943).
Luria, P. P., Jamaica, N. Y. (West. Ontario, 1940).
Mason, John H. Jr., Mayview, Pa. (Pittsburgh, 1937).
McKee, C. S., Lake Bluff, Ill. (Pennsylvania, 1915).
Mencher, Edward W., Miami Beach (Georgetown, 1932).
Moore, H. McD., Glen Burnie, Md. (Hahnemann, 1933).
Munson, Leonard, Sanford (Buffalo, 1933).
Myers, Junior W., Marianna (Tennessee, 1937).
Neustein, Samuel, New York, N. Y. (N. Y. Homeo., 1930).

Peek, Eugene G., Jr., Ocala (Virginia, 1944).
Price, Charles D., Atlanta (Columbia, 1944).
Rumsey, Ruth W., Miami (Temple, 1943).
Russell, David A., Jr., Jacksonville (Emory, 1943).
Ryon, Thomas N., Miami (Temple, 1944).
Scanlon, James P., Coral Gables (Jefferson, 1940).
Schaffner, Fenton, Miami (Chicago, 1943).
Schall, Samuel M., Kissimmee (West. Res., 1942).
Scheinberg, Peritz, Atlanta (Emory, 1944).
Sisk, Wilfred N., Waynesville, N. C. (Wisconsin, 1935).
Sondag, R. F., Jacksonville (Illinois, 1936).
Taylor, Joseph W. Jr., Tampa (Harvard, 1944).
Thompson, M. B., St. Petersburg (N. Y. Coll., 1931).
Tift, Henry H., Maxwell Field, Ala. (Tulane, 1942).
Young, J. Melvin, Pensacola (So. Car., 1943).

A. M. A. BUREAU OF INFORMATION

A Bureau of Information of the American Medical Association to assist returning medical officers of the armed forces in their educational, licensure and placement problems has been created and is now actively functioning in the headquarters of the Association in Chicago, it was announced in the January 6 issue of The Journal of the Association.

Outlining the functions and operations of the new Bureau, Lieut. Colonel Harold C. Lueth, Medical Corps, A. U. S., Liaison Officer from the Office of the Surgeon General to the headquarters of the American Medical Association, pointed out that the specific aims of the Bureau fall into three categories:

1. To provide veteran medical officers with information concerning educational opportunities immediately after their term of military service.
2. To provide veteran medical officers with information concerning state licensure and facilitate their procurement of licensure in states other than the state of former practice and/or licensure.
3. To provide the medical officer with information concerning medical, social, economic, financial and other phases of community life that will enable him to make a wise selection of a permanent location in which to practice medicine.

Regarding the information on medical education, Colonel Lueth explained that through the efforts of the Association's Committee on Postwar Medical Service a questionnaire had been prepared to gather as much information as possible from medical officers now on duty concerning their future plans. On the basis of the tabulation of the first 11,019 returned questionnaires, steps already have been taken to assist in providing the educational facilities in approved hospital internships and residencies that will be required to meet the needs expressed by the physician veterans in the questionnaires.

Information has been assembled regarding state laws in regard to medical licensure and efforts are being made with a view toward facilitating the licensure of medical officers, many of whom already have made inquiries concerning eligibility for licensure in states other than those in which they were originally licensed to practice medicine.

In regard to information on medical practice, Colonel Lueth pointed out that the Bureau is not a placement agency or an employment agency. It is, however, collecting data that will enable the Bureau to provide inquiring physician veterans a broad outline of pertinent facts concerning the community in which the physician is considering locating. At the same time the inquiring medical officer will be advised that more definite information can be obtained from the secretary or executive secretary of the State Medical Association.

"The Bureau of Information," Colonel Lueth said, "hopes to work in closest harmony with the various state and county medical societies in their activities relating to the returning medical officers. The success of the Bureau of Information is directly dependent on the support and cooperation of the state and county medical societies. . . . Repeatedly it is said that medicine 'can keep its own house and manage its own affairs.' The successful operation of the Bureau of Information presents a real challenge to all of us to prove our ability to provide for our own."

NEED FOR AN ATTORNEY

The injunction against William Estep, finally forced to admit his medical diploma was a fake, is proof of the need for capable legal services for the Florida Board of Medical Examiners.

For three years this state board had attempted to rid the state of the spurious "doctor" but had failed because it did not have the advice of an experienced attorney. Thus many persons were mulcted of their money in the belief they were receiving medical treatment and the lives of some may have been endangered because of this failure on the part of the state to provide a competent lawyer for the board.

The trouble has been that the Board of Medical Examiners has no funds with which to hire an attorney. It has been obtaining the services of young lawyers free . . . This is a deplorable situation.

Estep was not the only fakir in the state. There are perhaps a score of others could be enjoined from practice, like the county solicitor of Escambia enjoined Estep. But a trained lawyer

must be provided by the state to cope with the shrewd attorneys which these nefarious money-grabbers are smart enough to hire.

What is needed is a legal division for the State Health Department. Proper enforcement of health laws is just as important as enforcement of criminal laws. Each of the bureaus and divisions of the Health Department, including the Board of Medical Examiners and the Board of Pharmacy, should have constant legal advice for its guidance.

No legislation is needed to accomplish this. The office of the Attorney General could provide one of its assistants to head such a legal division. The mere fact that he is an Assistant Attorney General would lend weight and dignity.

If more fake medical practitioners of the Estep stripe are to be run out of Florida, this step should be taken at once by the incoming administration. It should be favored by the Attorney General and it should help co-ordinate enforcement activities of the various Health Department units.—*Pensacola News Journal.*

SEVENTEENTH ANNIVERSARY ISSUE OF HAROFE HAIVRI

Volume II, 1944, the seventeenth anniversary issue of *Harofe Haivri,* edited by Moses Einhorn, M. D., has just made its appearance. Its contents are not confined to technical medical topics, but are divided into several sections covering a variety of related subjects.

In the medical section, the following subjects are discussed: "Cesarean Section (Its Uses and Abuses)" by Dr. H. J. Epstein with a discussion by Dr. A. J. Rongy; "Malaria in Public Health" by Dr. A. J. Levy; "Stricture of the Rectum" by Dr. E. Rapaport; "Cancer of the Skin" by Dr. O. L. Levin and Dr. H. T. Behrman, and "The Painless and Bloodless Treatment of Calcified Bursitis" by Dr. J. Echtman.

Under the heading of Jews and Health, Dr. L. Wulman, organizer of the American branch of the OSE, presents a timely article entitled "OSE —Its Achievement and Plans for the Post-War Period." The OSE originated in Russia, in the year 1912, and derives its name from the initials of the Russian words Oschestvo Zdravoochranenia Evreev, which mean "Society for Safeguarding the Health of the Jews."

In the section on Personalia, Dr. Solomon R. Kagan offers an article entitled "Jews as Noble Prize Winners in Medicine," among whom are discussed such outstanding physicians as Ehrlich, Metchnikoff, Barany, Willstaetter, Meyerhof, Landsteiner, Warburg, Loewi and Erlanger.

In the book review section, Prof. Alexander Marx contributes a detailed review of Dr. Harry Friedenwald's excellent book, "The Jews in Medicine," published by the Institute of the History of Medicine of Johns Hopkins University. This work is the most comprehensive treatment of many of the aspects of the relationship of Jews to medicine which has ever been undertaken.

There is also a detailed English section containing summaries and translations of all the articles for those readers who do not understand Hebrew.

For further information, you may communicate with the editorial office of the Harofe Haivri, 984 Park Avenue, New York 28, New York.

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council.

NAME	T L.	COUNTY
Budde, Alfred E.	35	Jackson
Hutchinson, William R.	36	Volusia
Grady, James J.	37	Hillsborough
Rappaport, Nathan H.	38	Duval
Harris, Robert P.	39	Sarasota
Wunschow, Otto B.	40	Hillsborough
Adams, C. LeRoy, Jr.	41	Suwannee
Prentiss, Marvin B.	42	Lake

STATE NEWS ITEMS

Dr. James N. Patterson, who is serving with the Armed Forces, was a recent visitor at the headquarters office of the Association, enroute to San Antonio, Texas, to attend a meeting on rheumatic fever control. Dr. Patterson is stationed at the A. A. C. Regional Station Hospital at the Army Air Force Technical Center, Orlando, which is one of five rheumatic fever convalescent centers for the Air Force. Investigative work relating to the etiology and treatment of rheumatic fever is being carried out at these five centers.

Dr. W. C. Jones of Miami was the guest speaker at a recent meeting of the Woman's Auxiliary to the Dade County Medical Society. The title of Dr. Jones' address was "Prepaid Medical Service."

Dr. E. C. Chamberlain, Fort Lauderdale, was the guest speaker at a recent meeting of the Broward County Nurses' Association. He spoke on "New Drugs."

Dr. Walter C. Payne, Pensacola, was recently presented with a silver tray by the local Kiwanis Club. This trophy was in recognition of Dr. Payne's organization and direction of the Escambia County Blood Bank.

Dr. Heyward J. Blackmon, Tampa, who entered the Army as a Major in September, 1942, was wounded in action in Belgium on Dec. 26, 1944. Major Blackmon stated in a letter that his wound was slight and that he is now all right, according to the Tampa Morning Tribune.

Dr. M. A. Lischkoff, Pensacola, was the guest speaker at a recent meeting of the local Kiwanis Club. He discussed common colds.

Dr. Frank V. Chappell, Pass-a-Grille, was appointed Director of the Hillsborough County Health Unit, effective February 1. He received a medical discharge from the Army last fall.

Dr. Francis C. Haberman has become associated with Dr. A. A. Cueto of Fort Lauderdale, with offices in the Blount Building. He formerly practiced in Cincinnati, Ohio.

FLORIDA LOCATION WANTED: Physician, wishing to locate in Florida for family health reasons, seeks location preferably in south Florida, Miami to Ft. Lauderdale, but will consider other locations. F. A. C. S. and Surgical Board diplomate; wide experience and recognized ability in General and Traumatic Surgery, Gynecology. Will buy practice retiring Doctor or consider group practice or association with physician with large ethical practice. Willing and able to do general practice for duration. Age 46, excellent habits, fine personality, a real worker, Christian.

Write 69-2, P. O. Box 1018, Jacksonville 1, Florida.

Dr. Sidney G. Kennedy has returned to Pensacola after twenty months of active duty with the Navy in the South Pacific. He is at present stationed at the Pensacola Naval Air Training Center.

The annual meeting of the Florida chapter of the American College of Physicians, scheduled for April in Jacksonville, has been canceled. This action was taken in cooperation with the Office of Defense Transportation. This announcement was made by Dr. R. D. Thompson, Orlando, secretary.

Dr. Douglas D. Martin, Tampa, has been commended by Admiral Nimitz for his work as chief of medical service at a fleet hospital in the South Pacific. This information was gleaned from the Tampa Morning Tribune.

Dr. L. L. Whiddon of Ft. Pierce was presented with the Citizenship Medal on December 27 by the Veterans of Foreign Wars. The award was in recognition of his outstanding work in the community, particularly in connection with the venereal disease control program.

Dr. W. B. Moon of Crystal River was recently elected president of the Pasco-Hernando-Citrus County Medical Society.

On May 2 Dr. Moon was elected to represent his district, comprising Citrus and Hernando counties, in the State Senate of Florida. The medical profession of the state is proud of having Dr. Moon in the Senate at the next meeting of the State Legislature.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Mayhew W. Dodson of Pensacola announce the birth of a daughter on January 20.

DEATHS

Dr. Lawrence T. Galphin of Fernandina died on January 27.



METAMUCIL

Metamucil softens the fecal residue, protects intestinal mucosa and exerts a gentle, stimulating, physiologic peristalsis.

Metamucil is the highly refined non-irritating extract of a seed of the psyllium group, Plantago ovata (50%), combined with dextrose (50%).

Metamucil mixes readily with liquids—is pleasantly palatable.

Supplied in 1-lb., 8-oz. and 4-oz. containers.

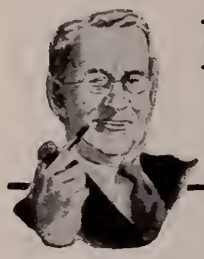
G. D. SEARLE & CO., Chicago 80, Illinois.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Metamucil is the registered trademark of G. D. Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



From where I sit *by* Joe Marsh

Definition of a Great Man

At Bill Webster's the other evening, we were kidding Bill about his children always saying that their pop's "a great man." Dr. Walters came to Bill's rescue.

"The kids are right," chuckles the doctor. "Everybody in America's a great man. You just can't be part of greatness and not share in it."

In America (he argues) things that used to belong only to the great are common property; a share in government through the right to vote; individual liberties guaranteed by constitution; freedom to speak one's mind; to work at what one pleases; to choose what one likes to eat or drink . . . whether beer or buttermilk.

But from where I sit, there's one important point to add . . . to make the doctor's definition ring true. We must be worthy of this greatness. We must have the humility to appreciate these blessings . . . never abuse them with intolerance, intemperance, or indifference.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

COMPONENT COUNTY SOCIETIES

ALACHUA

At the annual meeting of this society, the following officers were elected: Dr. Harry M. Merchant, president; Dr. John H. Thomas, vice-president, and Dr. Stuart D. Scott, secretary-treasurer.

The January meeting of the society was held on the evening of the 9th at the Alachua County Hospital. Dr. Walter Murphree spoke on one of the dangers of sulfonamide therapy, and reported a case in which an infant was given 10 grains of sulfathiazole. Although this drug had been administered on a previous occasion without ill effect, an immediate reaction followed which resulted in death in less than twelve hours. Dr. G. C. Tillman discussed this case, and deplored the lack of caution which seems prevalent in the prescribing of sulfonamides. There was a general discussion by the members of the society.

Following the motion for adjournment, the members were invited to the home of Dr. John Maines where refreshments were served.

BROWARD

At the annual meeting of this society, the following officers were elected to serve for 1945: Dr. Roland F. Fisher, president; Dr. Frank Denniston, vice-president, and Dr. O. C. Brown, secretary-treasurer.

COLUMBIA

The annual election of officers of the Columbia County Medical Society was held on January 5. The following were selected: Dr. William S. Nichols, president; Dr. E. C. Crouch, vice-president, and Dr. T. H. Bates, secretary-treasurer.

All of the members of this society have paid State Association dues for 1945. Congratulations, Columbia County Medical Society!

DADE

The Dade County Medical Society held its regular meeting on the evening of February 6 at the Jackson Memorial Hospital. Lt. J. L. Dezavis and Dr. Frank L. Quillman presented a paper on "Recent Advances and Results of Venereal Treatment."

Wyeth

Precision

PHARMACEUTICALS

for

MODERN THERAPIES

Wyeth offers a complete line of pharmaceutical, biological and nutritional products developed to meet the most exacting requirements. The uniformity of Wyeth preparations is the result of long years of manufacturing experience; their quality, the result of laboratory skill and the finest of material.

WYETH INCORPORATED
PHILADELPHIA 3, PA.

Wyeth
REG. U. S. PAT. OFF.

A Complete Service for the Physician

PHARMACEUTICALS • NUTRITIONALS
BIOLOGICALS

CITHAL

For the Treatment of
HYPERTENSION

EACH CAPSULE CONTAINS:

EXT. WATERMELON SEED ... 2 Grs.
THEOBROMINE ... 4 Grs.
PHENOBARBITAL ... ¼ Gr.

A combination of Vasodilators, Myrocardial Stimulant and a long acting sedative having prolonged but nontoxic action. This formula has a wide field of usefulness in the treatment of cardiovascular disease. Extract Watermelon Seed is a Vasodilator of gradual and prolonged action, and causes a considerable lowering of blood pressure both systolic and diastolic, and gives complete or marked symptomatic relief in the majority of cases.

Supplied in Bottles of 100 and 500

TABLEROCK LABORATORIES
Manufacturers of
Pharmaceutical Specialties
Greenville, S. C.

DUVAL

The regular meeting of this society was held at the Seminole Hotel on February 6. Dr. W. W. Rogers presented a paper on "Wartime Problems of the Local Public Health Department."

ESCAMBIA

Heading this society for the current year are Dr. Thurlow W. Reed, president; Dr. Luther C. Fisher, vice-president, and Dr. Lee Sharp, secretary-treasurer. Dr. M. A. Lischkoff is a new member of the Board of Censors.

NASSAU

At a regular meeting of this society, held on January 10, the following officers were elected: Dr. David G. Humphries, Fernandina, president; Dr. Warren A. Brewster, Callahan, vice-president, and Dr. John W. McClane, Fernandina, secretary-treasurer.

PALM BEACH

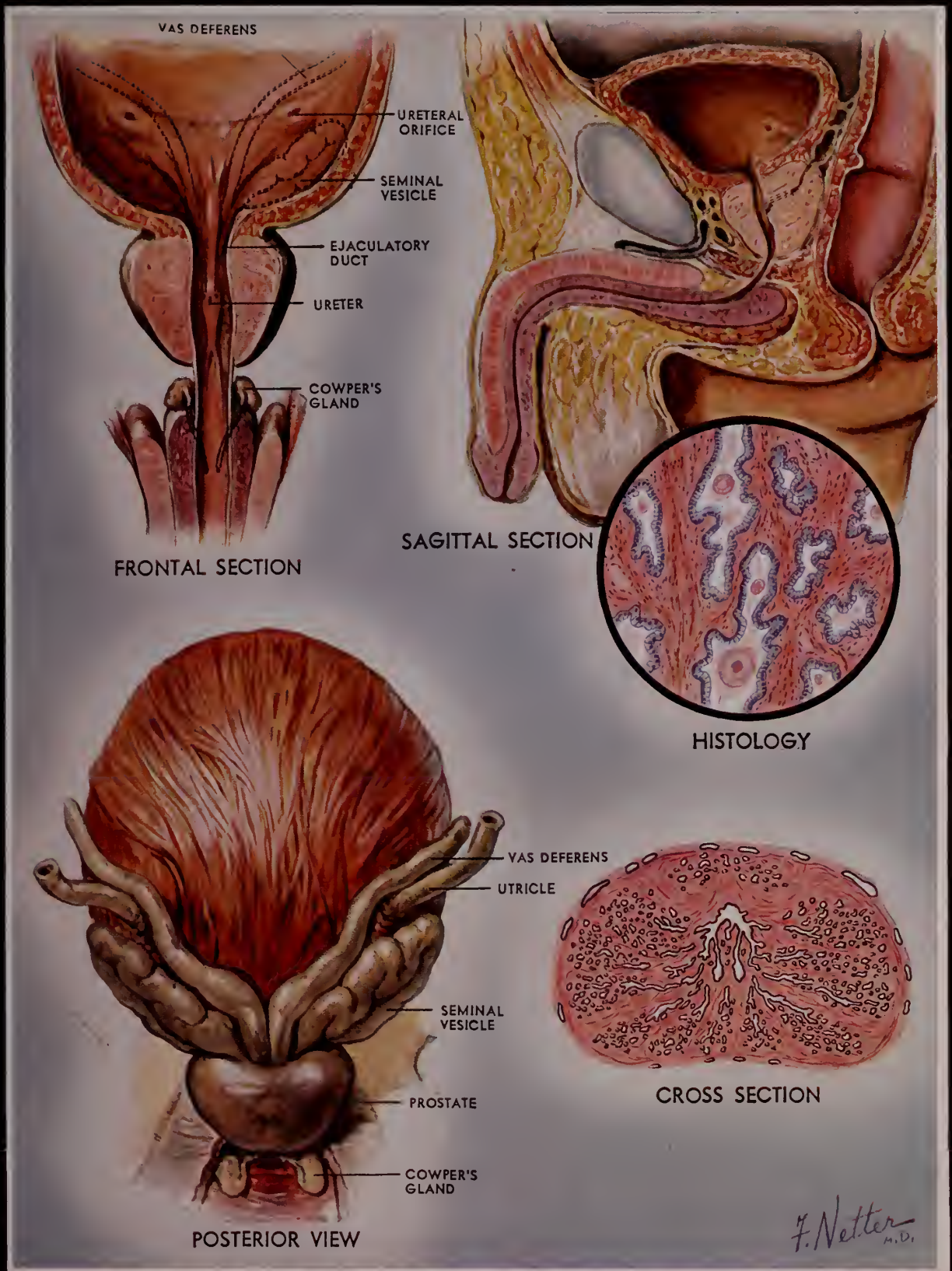
The Palm Beach County Medical Society recently forwarded 1945 dues for all of its members. It is at present the largest society of the Association to have a 100% paid membership.

PASCO-HERNANDO-CITRUS

Dr. and Mrs. W. Warlaw Jones entertained the members of this society at a chicken dinner in their home in Dade City on the evening of January 11. At the meeting which followed the dinner, clinical cases were reported by Drs. S. C. Harvard and W. W. Jones. The following officers were elected to serve for the ensuing year: Dr. W. B. Moon, Crystal River, president; Dr. W. H. Walters, Lacoochee, first vice-president; Dr. A. C. Coogler, Brooksville, second vice-president, and Dr. G. R. Creekmore, Brooksville, secretary-treasurer.

Present at this meeting were Drs. A. C. Coogler, G. R. Creekmore and S. C. Harvard of Brooksville; P. J. Hudson and W. B. Moon of Crystal River; W. Wardlaw Jones and R. D. Sistrunk of Dade City; Claude L. Carter of Inverness; W. H. Walters of Lacoochee, and J. T. Bradshaw of San Antonio.

As has been the case many times in the past, this society is among the first to forward to the State Association's treasurer, dues for 100% of its members.



THE NORMAL PROSTATE

...from the Portfolio, Major Pathology of the Testicle and Prostate

Just as Ciba has pioneered in research leading to the development of useful new medical specialties, so for the last five years has Ciba pioneered in a service which has found favor with physicians. Within this period have been published over 140 fine plates of normal and pathological anatomy such as the one illustrated. And many more are projected. Because many of the plates are out of print, the most popular are being reproduced here by request.

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH



INTESTINAL ABSORPTION
Long route through portal system to general circulation

ECONOMIC ANDROGENIC EFFECTS



PERLINGUAL ABSORPTION
Direct from sublingual vessels to systemic circulation



WITH SMALLER DOSES

Metandren Linguets, especially designed for perlingual absorption, permit more complete utilization by side-tracking the liver where partial inactivation of methyltestosterone is known to take place. Dosage requirements are ½ to ⅔ those necessary to produce the same results when methyltestosterone is ingested.

METANDREN LINGUETS*

*Trade Mark Reg. U. S. Pat. Off. Ciba's trade name for wafers of methyltestosterone.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC. • Summit, New Jersey



Dr. Randolph's Sanitarium
JACKSONVILLE, FLORIDA
Registered A. M. A.
FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES
Drug and Liquor Addicts
Aged and Chronic Invalids
Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.
JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist
4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

The Brown School
San Marcos, Texas

FOR EXCEPTIONAL CHILDREN
Physically and Mentally Handicapped
Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book
Bert P. Brown,
Director
Box 177
San Marcos, Texas

Surgical Supply Company
T. EMMETT ANDERSON, PRESIDENT
Established 1916
Completely Stocked Warehouses and Display Stores at
MIAMI = JACKSONVILLE = TAMPA
OUR STOCKS OF SURGICAL SUPPLIES ARE THE
Largest and Most Complete in Florida
When in Miami Visit Our New and Larger Store at 201 S. E. 1st Avenue
Surgical Supply Company
Has Served the Medical Profession Ethically and
Continuously Since 1916

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting March 12 and every two weeks duirng the year.

One Week Course Surgery of Colon & Rectum April 16, June 11, September 10.

20 Hour Course in Surgical Anatomy March 26, May 7, June 18.

GYNECOLOGY—Two Weeks Intensive Course April 23, June 18.

One Week Personal Course Vaginal Approach to Pelvic Surgery April 2, May 21.

OBSTETRICKS—Two Weeks Intensive Course April 9, June 4.

ANESTHESIA—Two Weeks Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

ELECTROCARDIOGRAPHY—One Month Course starting May 7.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

PINELLAS

The Pinellas County Medical Society held its monthly dinner meeting at the Detroit Hotel, St. Petersburg, on February 2. The scientific program consisted of two papers: "Acute Rheumatic Fever" by Dr. J. E. Shay and "Diagnosis and Treatment of Cancer of the Larynx" by Dr. O. N. Nelson.

ST. JOHNS

Serving as officers of this society for 1945 are: Dr. Charles C. Grace, president; Dr. R. D. Harris, vice-president; Dr. R. T. Rankin, secretary, and Dr. A. C. Walkup, treasurer.

SEMINOLE

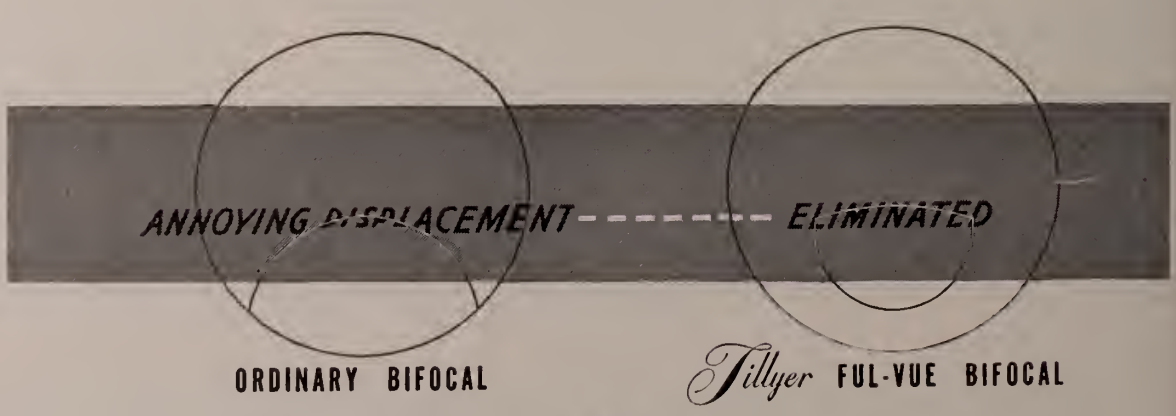
At a meeting of the Seminole County Medical Society held on January 9, Dr. J. A. Smith was elected president and Dr. Leland H. Dame was re-elected secretary-treasurer.

WALTON-OKALOOSA

The Walton-Okaloosa County Medical Society has a 100% paid-up membership for 1945. Heading this society are Drs. E. L. Huggins of DeFuniak Springs, president; Ralph B. Spires, DeFuniak Springs, vice-president, and A. G. Williams, Lakewood, secretary-treasurer.

AO *Tillyer* **FUL-VUE BIFOCALS**

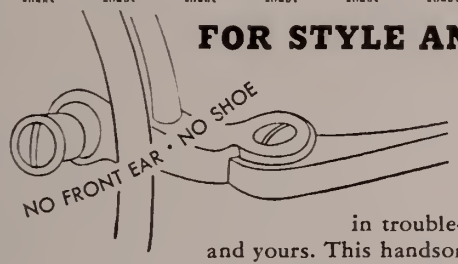
ELIMINATE ANNOYING DISPLACEMENT



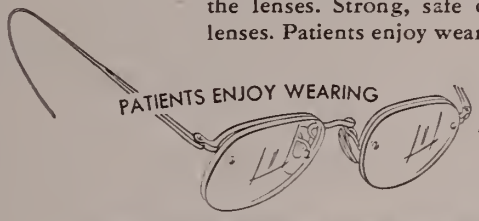
American Optical COMPANY

FOR STYLE AND SECURITY...IT'S

Balcrest



Busy patients want modern styling in trouble-free mountings—to save their time and yours. This handsome Rimway Ful-Vue Balcrest screw-type mounting maintains the original accurate alignment of the lenses. Strong, safe construction, fits all prescription lenses. Patients enjoy wearing Bausch & Lomb Balcrest.



The SOUTHEASTERN OPTICAL CO., Inc.

distributors of BAUSCH & LOMB products

Metrazol - *Powerful, Quick Acting Central Stimulant*

COUNCIL ACCEPTED

ORALLY - for respiratory and circulatory support
BY INJECTION - for resuscitation in the emergency



INJECT 1 to 3 cc. Metrazol as a restorative in circulatory and respiratory failure, in barbiturate or morphine poisoning and in asphyxia. PRESCRIBE 1 to 3 tablets, or 15 to 45 minims oral solution, as a sustaining agent in pneumonia and congestive heart failure.

AMPULES - 1 and 3 cc. (each cc. contains 1½ grains.)
TABLETS - 1½ grains.
ORAL SOLUTION - (10% aqueous solution.)

Metrazol, brand of pentamethylentetrazol, Trade Mark reg. U. S. Pat. Off.

Bilhuber-Knoll Corp. Orange, N. J.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. C. D. ROLLINS, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

BROWARD COUNTY

The Broward County Medical Auxiliary met in December for a covered dish luncheon at the home of Mrs. John Allen Johnston, 1017 S. E. Second Court. The honor guest was Mrs. W. C. Williams of West Palm Beach, president of the Woman's Auxiliary to the Florida Medical Association, who gave a very inspiring talk on what the auxiliaries are doing throughout the state.

Mrs. R. W. Heath of Hollywood was welcomed as a new member. During the business session it was announced that the Auxiliary would sponsor the sale of tuberculosis Christmas seals in December. Reports of committee chairmen showed that members of the Auxiliary have been very active in defense work.

Attending the luncheon were Mrs. Leigh F. Robinson, Mrs. F. D. Pierce, Mrs. C. A. Peterson, Mrs. B. F. Hart, Mrs. Otto W. Schwalb, Mrs. O. C. Brown, Mrs. R. L. Elliston, Mrs. R. L. Blessing, Mrs. Frank Denniston, Mrs. R. H. Stovall, Mrs. D. W. Harris, Mrs. Richard Mills and Mrs. W. C. Williams.

DUVAL COUNTY

The quarterly meeting of the Woman's Auxiliary to the Duval County Medical Society was held in the form of a luncheon at the Seminole Hotel, on January 11. The long table at which guests and members were seated was artistically decorated with greenery and various colored camellias, donated by Mrs. Charles F. Henley, president.

A beautiful invocation was given by Mrs. Floyd Houser, Sr., a guest of the Auxiliary. Fol-

recent extensive investigation confirms contraceptive effectiveness of the active ingredient in Koromex Jelly

A most illuminating report based on extensive clinical and experimental data has recently been published by Eastman and Scott (Human Fertility, 9:33, (June) 1944.) These authors studied the safety and efficacy of phenylmercuric acetate which is the active constituent of Koromex Jelly.

1 Clinical evidence showed that in actual use, phenylmercuric acetate jelly had a remarkable record for contraceptive efficiency.

2 The earlier work of Baker, Ranson and Tynen (Lancet, 2:882, (October 15), 1938), showing a very high spermicidal potency, was confirmed.

3 Toxicity was found low.

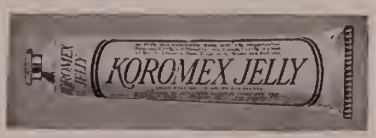
4 No evidence of irritability on the part of either the husband or wife.

In addition to the above qualities, Koromex Jelly, which also contains oxyquinoline benzoate and boric acid in a well buffered glycerine gum base, has the properties of adhering firmly to the vaginal lining and mixing readily with the vaginal secretions. It has optimum spreading qualities. Its pH of 4.6 is constantly maintained even in the presence of the buffering action of the protein seminal fluid.

Koromex Jelly does not stain. Is not excessively lubricating, and is well tolerated. Because of these qualities you can assuredly — prescribe Koromex *with confidence.*

Write for Literature.

Holland-Rantos Company, Inc. • 551 Fifth Ave. • New York 17, N. Y.



prescribe Koromex *with confidence*

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS
EXCLUSIVELY
All Premiums Come from Physicians, Surgeons, Dentists
All Claims Go to Physicians, Surgeons, Deintists

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$ 2,700,000.00 INVESTED ASSETS
$12,600,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
86c out of each $1.00 gross income used for members' benefit
Disability need not be incurred in line of duty—benefits from the beginning day of disability
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Building, OMAHA 2, NEBRASKA

S. A. Kyle *Funeral Director*
MEMBER National Selected Morticians BY INVITATION
17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA
Phones 5-3766 5-3767

Ambulance Directory
COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.
FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

lowing the luncheon, Mrs. James L. Borland, program chairman, introduced the guest speaker, Dr. Edward Jelks, prominent Jacksonville physician, who gave a lucid analysis of the Wagner-Murray-Dingell bill in the discussion of his subject, "State Medicine." Dr. Jelks is a past president of the Florida Medical Association, and a very able speaker.

During the business session it was decided that for the duration all meetings of the Auxiliary would be in the form of luncheons at the Seminole Hotel.

Plans were made for a party to be given for 350 patients at the U. S. Naval Hospital on George Washington's birthday, under the direction of Mrs. C. F. Henley and Mrs. S. R. Norris. All members were invited to participate and those desiring to assist may contact either Mrs. Henley or Mrs. Norris.

Mrs. George Richardson, war activities chairman, reported that the Auxiliary supplied 100 stockings for distribution to the hospitals in this area during Christmas.

Mrs. S. M. Copeland, public relations chairman, said 43 doctors' wives offered their services in the sale of tuberculosis Christmas seals in December. She said the health chairmen of the Parent-Teacher associations were planning health programs for the year and that she had offered to assist them in selecting speakers.

The wives of doctors in the service are invited to attend the Auxiliary meetings; the next meeting will be held the first Thursday in March.

BUY WAR BONDS

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky
Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.
MENTAL patients have every comfort that their home affords.
The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.
E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville, Canceled
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee. Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala. Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota Postponed
D—Southeast	William V. Sayad, W Palm Beach	" " "	Miami. Postponed
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
Southern Medical Association	Edgar G. Ballenger, Atlanta	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	Birmingham. Apr. 17-19, 1945
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, June 1, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	Miami, May 21, 22, 1945
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons. Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	Howard G. Holland, Leesburg	H. D. Van Schaick, Miami	Jacksonville, June 25, 26, 1945
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 25-30, 1945
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	Miami, May, 1945
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed for Duration
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S Howell. Lake City	

In Estrogen Therapy Remember...

Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)
Formerly called by the trade name OCTOFOLLIN

In estrogen therapy the physician is particularly interested in clinical efficacy and freedom from toxic side reactions. In BENZESTROL, Schieffelin & Co. offers a significant contribution to hormone therapy in that it is both estrogenically effective and singularly well tolerated whether administered orally or parenterally.

BENZESTROL TABLETS
Potencies of 0.5, 1.0, 2.0, 5.0 mg.
Bottles of 50, 100 and 1000.

BENZESTROL SOLUTION
Potency of 5.0 mg. per cc. in 10 cc.
Rubber capped multiple dose vials.

BENZESTROL VAGINAL TABLETS
Potency of 0.5 mg. Bottles of 100.

Literature and samples on request

Schieffelin & Co.
20 COOPER SQUARE, NEW YORK 3, N. Y.
Pharmaceutical and Research Laboratories

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	41	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. A. Meriwether M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
	Jackson *Calhoun	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	1	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	1	
B	Columbia *Baker, Hamilton	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	10	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	3	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
	Alachua *Bradford, Gilchrist, Union	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	26	21	
	Duval *Clay	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 2	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	175	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Marion *Levy	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	24	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	1	
	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	2	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	13	5	
	Brevard	I. F. Bean, M.D. Melbourne	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	3	
	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	7	B-4-46 C. McK. Tyre, M.D. Eustis
	Orange *Osceola	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	95	71	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	5	
	Volusia *Flagler	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	44	17	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	109	76	
	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	4	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	Arthur J. Bieker, M.D. 627 11th St. N. St. Petersburg 6	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	111	110	
	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	8	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Annually for Duration	20	100%	
	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	62	31	
D	Palm Beach	R. H. Baldwin, M.D. 722 Comeau Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	68	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	6	
	Broward	Roland F. Fisher, M.D. 1215 S. E. 2nd Ave. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	47	44	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	347	133	
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	5	2	

*Organize and aid until organized separately

White's COD LIVER OIL CONCENTRATE

Derived exclusively from cod liver oil
Of controlled potency
Low in cost
Never advertised to the laity
Council-accepted

3 Palatable, Convenient Dosage Forms:

LIQUID—for drop dosage to infants
TABLETS—for youngsters and adults
CAPSULES—for larger dosage

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

White's PRESCRIPTION *vitamins*

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry



The rooster's legs are straight.

The boy's are not.

The rooster got plenty of vitamin D.

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

AUEN
CINE
1945
P Y

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI APRIL, 1945 No. 10

IN THIS ISSUE

Abdominal Pregnancy
Maurice J. Rose

Bilateral Dactylomegaly
Raymond R. Killinger

List of Past Presidents
(Now Complete)

County Society News
(See Component County Societies)

Hospital Beds Needed
Julius C. Davis

(Complete Table of Contents Page 448)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

PENICILLIN

IS

NOW AVAILABLE

IN



Yes . . . and in Paterson, Portland, Pittsburgh and Pocatello . . . for this new antibiotic is now being distributed through the same channels which make other Parke-Davis prescription products available to the physicians and pharmacists of the country. In the short space of five years Penicillin has developed from a mold on a petri dish in a London laboratory to a package on the shelves of the prescription rooms of fifty odd thousand retail pharmacies throughout the United States.

To the triumphs of Fleming and Florey must be added the genius of American pharmaceutical production which rapidly developed the means and methods of mass manufacture in sufficient quantity to meet first, the needs of the armed forces; next, the demands of critical civilian cases; then, to supply limited quantities to selected hospitals throughout the country, and finally to release Penicillin for general distribution.

Physicians may now prescribe . . . and pharmacists dispense . . .

PENICILLIN

PARKE-DAVIS

Parke, Davis & Company

DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

Bilateral Dactylomegaly,
R. R. Killinger, M.D., Jacksonville 471

Abdominal Pregnancy; Report of a Case with Living Baby and Mother,
Maurice J. Rose, M.D., Miami Beach 475

Editorials: List of Past Presidents Revised; Graduate Short Course 478

Report of a Special Committee Recommended by the Board of Governors 479

Fellowships for Postgraduate Study 480

State News Items 480

Deaths 480

Component County Society Notes 486

Woman's Auxiliary 492

Component Societies by Medical Districts 494



Allen's Invalid Home
MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky
Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.
MENTAL patients have every comfort that their home affords.
The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.
E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

MIAMI SURGICAL COMPANY
B. MARIAN BEALS, President-Treasurer
Established 1926
Hospital and Physicians' Supplies
Headquarters for
Laboratory Supplies, Laboratory Chemicals and Reagents
We respectfully solicit your orders
Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

Wyeth



One to One . . .

is the S.M.A. rule: one measure* of S.M.A. Powder to one ounce of warm (previously boiled) water, whatever the quantity desired. It is easy to prepare S.M.A. and it is easy for doctors to tell mothers how to do so.

Because S.M.A. is so closely akin to breast milk babies relish it . . . digest it easily . . . thrive on it. Like breast milk the S.M.A. formula remains constant. Only the quantity need ever be changed. S.M.A. babies are such comfortable babies . . . doctors as well as mothers are grateful for S.M.A.

IT'S EASY TO MIX . . .



S.M.A. is derived from tuberculin-tested cow's milk in which part of the fat is replaced by animal and vegetable fats including biologically assayed cod liver oil; with the addition of milk sugar, vitamins and minerals; altogether forming an antirachitic food. When diluted according to directions, it is *essentially the same as human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

**One S.M.A. measuring cup enclosed in each 16 oz. can of S.M.A. Powder.*

S. M. A. INFANT FOODS ARE COUNCIL ACCEPTED

Wyeth

S. M. A. DIVISION • WYETH INCORPORATED • PHILADELPHIA 3, PA.

FLORIDA'S NEWEST ENTERPRISE . . .

IN THE SURGICAL SUPPLY FIELD

ANNOUNCES

THE OPENING OF A BRANCH AT

409 South Orange Avenue

ORLANDO, FLORIDA

AND THE PURCHASE OF A BRANCH,
TO BE KNOWN AS

MEDICAL SUPPLY COMPANY

136 N.E. First Street

Miami, Florida

Technical Experience and Comprehensive Stocks enable us to supply your needs promptly.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

P. O. BOX 2669 820-24 W BAY ST

Jacksonville 3, Florida



Dr. Randolph's Sanitarium

JACKSONVILLE, FLORIDA

Registered A. M. A.

FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES

Drug and Liquor Addicts
Aged and Chronic Invalids

Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.

JAMES H. RANDOLPH, M.D.

Resident Neuropsychiatrist

4422 HERSCHEL STREET JACKSONVILLE 5, FLA.

PHONE 2-2330

J. K. ATTWOOD, Pharmacist

Medical Arts Building

1022 Park Street

JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS

STAINS (MICROSCOPIC)

PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

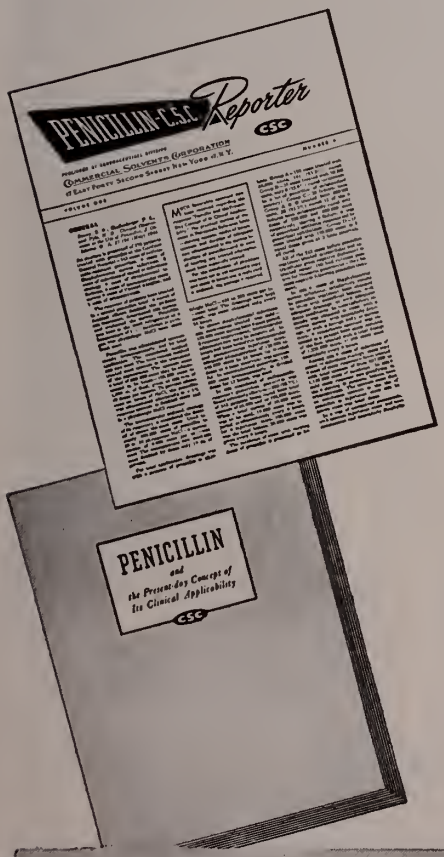
Phones 5-3766 5-3767

In the Management of Subacute Bacterial Endocarditis

BARELY a year ago the reports regarding the use of penicillin in subacute bacterial endocarditis were hardly optimistic. Outstanding clinicians doubted if more than temporary sterilization of the blood stream could be expected. When the wider availability of penicillin permitted more intensive and prolonged therapy, endocarditis in many instances yielded. As recent publications show,* this serious infection, heretofore practically hopeless, no longer need be considered so.

Since very large amounts of penicillin over long periods are required in the treatment of bacterial endocarditis, the purity of the drug administered (number of Oxford Units per milligram of substance) appears of importance. The high degree of purity accomplished in Penicillin-C.S.C. merits the physician's preference for Penicillin-C.S.C. in the management of bacterial endocarditis as well as in other indications.

Physicians are invited to send for this comprehensive brochure. • The Penicillin-C.S.C. Reporter, presenting abstracts of the world literature, is periodically mailed to all physicians. Notify us, if it has not been received.



*Collins, B. C.: Subacute Bacterial Endocarditis Treated with Penicillin, J.A.M.A. 126:233 (Sept. 23) 1944.

MacNeal, W. J.; Blevins, A., and Poindexter, C. A.: Clinical Arrest of Endocarditis Lenta by Penicillin, Am. Heart J. 28:669 (Nov.) 1944.

Zimmerman, S. L., and Barnett, R. N.: Case of Probable Meningococcus Endocarditis Apparently Cured with Penicillin, South. M. J. 37:694 (Dec.) 1944.

Herrell, W. E., and Kennedy, R. L. J.: Penicillin: Its Use in Pediatrics, J. Pediat. 25:505 (Dec.) 1944.

Dawson, M. H., and Hunter, T. H.: The Treatment of Subacute Bacterial Endocarditis with Penicillin, J.A.M.A. 127:129 (Jan. 20) 1945.

Nahum, L. H., and Doff, S. D.: Recent Advances in the Treatment of Heart Disease, Connecticut M. J. 9:3 (Jan.) 1945.

Poindexter, C. A.: The Use of Penicillin in the Treatment of Subacute Bacterial Endocarditis, reproduced by permission of the American Heart Association in J. Arkansas M. Soc. 41:165 (Jan.) 1945.

White, P. D.; Mathews, M. W., and Evans, E.: Notes on the Treatment of Subacute Bacterial Endocarditis Encountered in 88 Cases at the Massachusetts General Hospital During the Six Year Period 1939 to 1944 (Inclusive), Ann. Int. Med. 22:61 (Jan.) 1945.

CSC

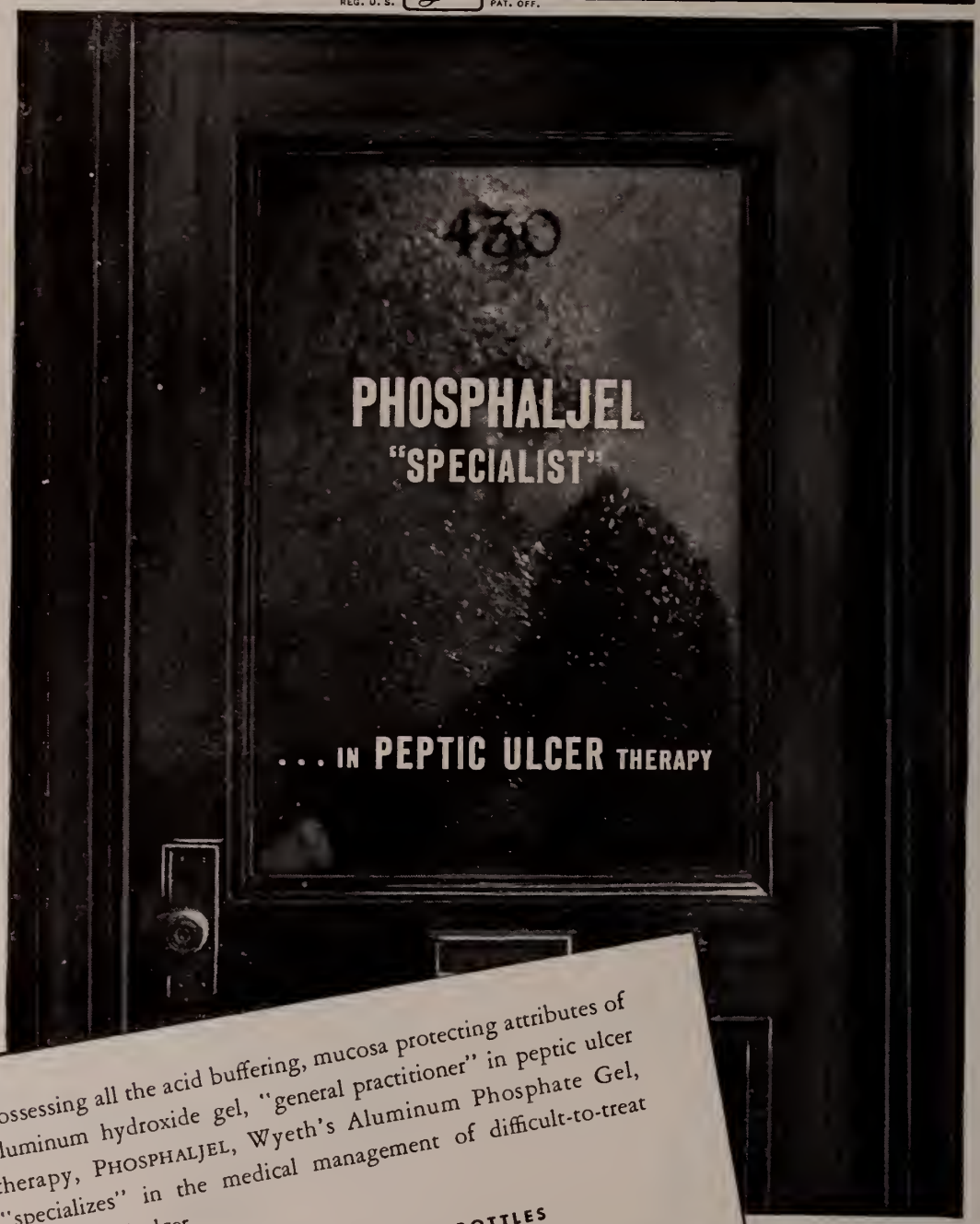
PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS *Corporation*

17 East 42nd Street New York 17, N. Y.

PENICILLIN-C.S.C.

REG. U. S. Wyeth PAT. OFF.



Possessing all the acid buffering, mucosa protecting attributes of aluminum hydroxide gel, "general practitioner" in peptic ulcer therapy, PHOSPHALJEL, Wyeth's Aluminum Phosphate Gel, "specializes" in the medical management of difficult-to-treat gastrojejunal ulcer.

SUPPLIED IN 12-FLUIDOUNCE BOTTLES



PHOSPHALJEL

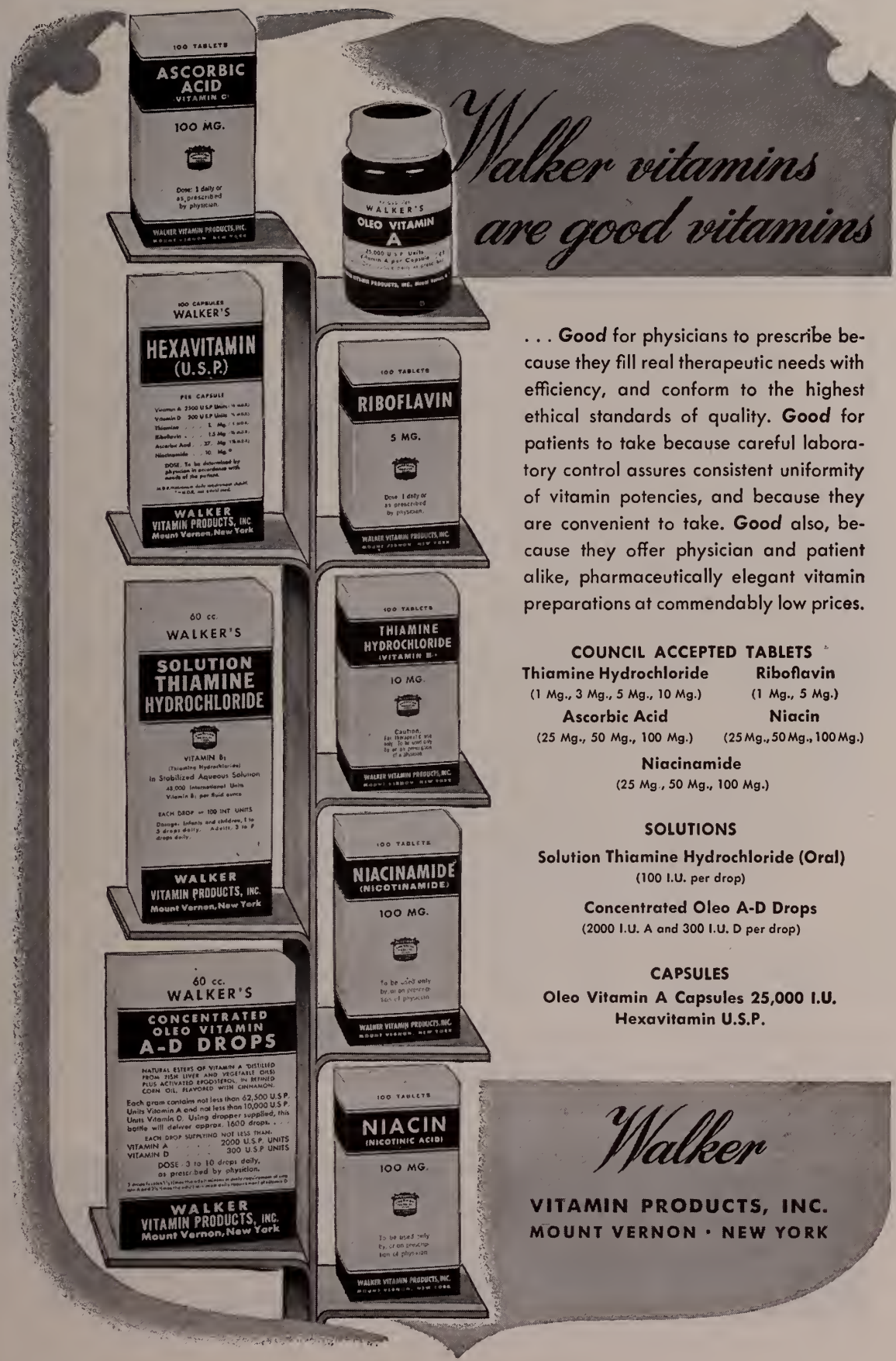
REG. U. S. PAT. OFF.

Aluminum Phosphate Gel

CONTAINING 4% ALUMINUM PHOSPHATE

Wyeth

WYETH INCORPORATED · PHILADELPHIA 3 · PENNA.



Walker vitamins are good vitamins

. . . **Good** for physicians to prescribe because they fill real therapeutic needs with efficiency, and conform to the highest ethical standards of quality. **Good** for patients to take because careful laboratory control assures consistent uniformity of vitamin potencies, and because they are convenient to take. **Good** also, because they offer physician and patient alike, pharmaceutically elegant vitamin preparations at commendably low prices.

COUNCIL ACCEPTED TABLETS

Thiamine Hydrochloride (1 Mg., 3 Mg., 5 Mg., 10 Mg.)

Riboflavin (1 Mg., 5 Mg.)

Ascorbic Acid (25 Mg., 50 Mg., 100 Mg.)

Niacin (25 Mg., 50 Mg., 100 Mg.)

Niacinamide (25 Mg., 50 Mg., 100 Mg.)

SOLUTIONS

Solution Thiamine Hydrochloride (Oral)
(100 I.U. per drop)

Concentrated Oleo A-D Drops
(2000 I.U. A and 300 I.U. D per drop)

CAPSULES

Oleo Vitamin A Capsules 25,000 I.U.
Hexavitamin U.S.P.

Walker

VITAMIN PRODUCTS, INC.
MOUNT VERNON • NEW YORK

Symptom-Complex

in

BILIARY STASIS

A. SYMPTOMS OF DYSPEPSIA

1. Fat intolerance
2. Discomfort after meals
3. Eructation
4. Epigastric Distention
5. Nausea
6. Coated tongue
7. "Billiousness"

B. TENDENCY TOWARD CONSTIPATION

C. PAIN

1. Tenderness in right upper quadrant
2. Accentuated after meals

EVEN in the EARLIEST STAGES . . .

OF HEPATOBILIARY INVOLVEMENT

Impairment in bile flow, even in its earliest manifestations, calls for prompt corrective measures. While minor impairment may indicate only incipient hepatic dysfunction, the biliary stasis and engorgement which may ensue, will tend to depress liver function still further. Since a cycle of continuing deterioration is thus apt to become established, it is the more important that adequate bile flow be rapidly reestablished.

Appreciated for its remarkably low toxicity. Contraindicated only in complete obstruction.

Decholin (chemically pure dehydrocholic acid) presents the specific means of increasing the flow of bile (by as much as 200%), leading to an outpouring of thin liver bile, promoting drainage of the intra and extrahepatic bile passages.

Riedel - de Haen, Inc. • 105 Hudson Street, New York 13

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

COUNCIL ACCEPTED SINCE 1932

Decholin

REG U.S. PAT. OFF

PACE-MAKER OF BILE ACID THERAPY

Availability

Burroughs Wellcome
has made available for
general therapeutic purposes
Penicillin Sodium,
now that this vital drug
is released
for civilian use.

PENICILLIN SODIUM

100,000 Oxford Units

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9-11 East 41st St. • New York 17

The Army Doctor's
Call to Action!

A STRIP of bandage fluttering from a rifle stock . . . That's the battlefield marker of a wounded soldier . . . that's the Army doctor's *call to action!*

On battlefields thousands of miles from home, the military medical man is proving himself every inch a fighting man. And like the man with the gun, his rest is often limited to a few moments of relaxation . . . a cigarette. More than likely it's a Camel cigarette, for Camels are such a big favorite with fighting men in all the services.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.





Camels
COSTLIER TOBACCOS



Color Photograph by Victor Keppler

TEMPEST IN A TIN PLATE

MEET JACK GIBSON, sound man of NBC. Jack is one of the mysterious "they" in the common expression of wonderment, "What will 'they' think of next?" The ominous rumble of thunder, so terrifying to millions of radio listeners, he creates by deftly striking and shaking a huge sheet of tin plate. From other contrivances born of Jack's ingenuity, the crackle of flames, the splash of rain, the drumming of horses hoofs are simulated with startling fidelity. Practically every sound from the flutter of the wings of a butterfly to the clamor and din of a busy factory comes within the range of his ingenuity. Jack is a master craftsman.

The medical research worker is ingenious too, but in quite a different manner. For although his accomplishments may seem as magical, with him there is no theater, no imitations, no pretense. In parasitized rye, he has found ergot. From the mold *Penicillium notatum*, he has developed the powerful penicillin. His work is based on scientific fact, and the fruits of his labors must be subjected to extensive and severe clinical trial, in which the studies of a year may be lost in an hour. In addition to ingenuity of the highest order, the medical research worker must possess unlimited patience, tireless energy, and courage unexcelled. His contribution to medical practice and the public health is immeasurable.

Lilly



HASTENING THE DAY OF *Recovery*

For the convalescent, calm restful nights together with pleasant cheerful days may hasten the day of recovery. Bedtime sedation with 'Seconal Sodium' (Sodium Propyl-methyl-carbinyl Allyl Barbiturate, Lilly) encourages wholesome, natural rest. 'Seconal Sodium' acts promptly, carrying the patient over the threshold of sleep. It is then destroyed rapidly in the body and the effect is completely dissipated within six to eight hours. The patient awakens in the morning fully refreshed, ready to enjoy visits during the day with considerate relatives and friends.

ELI LILLY AND COMPANY · INDIANAPOLIS 6, INDIANA, U.S.A.


Quality
carries on
Coca-Cola
TRADE MARK REGISTERED
OTTLE PAT. D-1055
Drink
Coca-Cola
TRADE-MARK REG. U. S. PAT. OFF.
Delicious and
Refreshing



PENICILLIN

The ever-increasing mass production of Penicillin is bringing Medicine closer and closer to the day when this potent antibiotic will be freely available for the treatment of many diseases which in the past have defied therapeutic measures.

To make that day an early tomorrow, CHEPLIN LABORATORIES is devoting its peak production efforts.

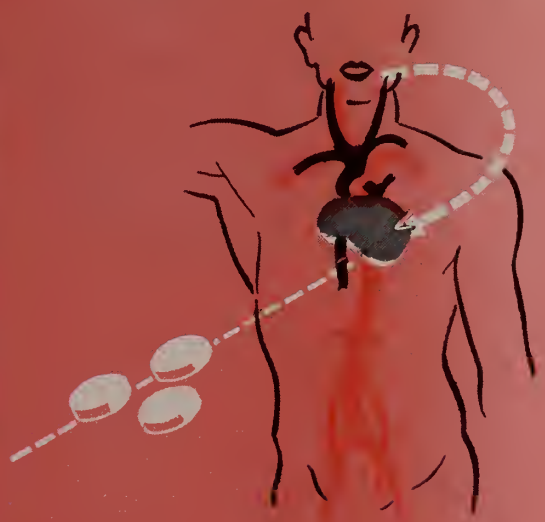
CHEPLIN
LABORATORIES INC.

SYRACUSE 1, NEW YORK

COMBINED ANDROGENIC THERAPY

(PER ORAL AND PARENTERAL)





Accumulating clinical reports show that prompt results are achieved — in both the male and female — when androgenic therapy is initiated with PERANDREN*, and then followed with METANDREN* Tablets. Both intramuscular and oral forms contain the most effective androgenic substances known, and if desired may be used interchangeably in most indications.

Common Indications for Androgenic Therapy: Impotence, Hypogonadism, Eunuchism, Angina pectoris — Menorrhagia, Metrorrhagia, Menopause, Dysmenorrhea.

PERANDREN (testosterone propionate) and METANDREN (methyl-testosterone) have all the advantages of the natural testicular hormone, testosterone.

PERANDREN AND METANDREN

*Trade Marks Reg. U. S. Pat. Off.

PERANDREN: in ampuls of 1 cc. containing 5 mg., 10 mg., and 25 mg.

METANDREN: in tablets of 10 mg., scored.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC. • SUMMIT, NEW JERSEY

IN CANADA, CIBA COMPANY LIMITED, MONTREAL

Does Tampax eliminate the problem of menstrual odor?

"THE ANSWER IS Yes"



Clinical investigators have shown that internal protection (as afforded by TAMPAX) serves to abolish objectionable odor . . . by absorption of the flow *before* it becomes exposed to air and can suffer consequent decomposition.[1,2] For "menstrual blood taken directly from the interior of the uterus has no odor."[4]

Primarily, TAMPAX meets *all* the requirements of modern menstrual hygiene — since (as one specialist summarizes) "the evidence is conclusive that the tampon method of menstrual hygiene is safe, comfortable and not prejudicial to health..."[3]



Indeed, so comfortable is "flat expansion", provided only by TAMPAX, that many women are hardly aware of its presence in situ.[1] Welcome freedom from external bulkiness, vulval irritation or chafing from perineal pads, allows the patient a wider range of activity during the period. An individual applicator permits easy insertion, and a moisture-resistant cord facilitates dainty removal.

TAMPAX is available in three sizes: "Super", "Regular" and "Junior", with absorptive capacities of 45-cc., 30.3-cc. and 20-cc. respectively. Use coupon below for professional samples.



TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

REFERENCES – 1 West. J. Surg. & Gyn., 51:150, April, 1943. 2 Clin. Med. & Surg., 46:327, August, 1939. 3 Med. Rec., 155: 316, 1942. 4 Crossen, H.S. and R. J.: Diseases of Women, C. V. Mosby Co., St. Louis, 9th ed., 1941.

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS FL - 45

Please send me a professional supply of the three absorbencies of Tampax.

Name_____

Address_____

City_____ State_____



PENICILLIN SCHENLEY

— the drug that gives new meaning to the word "control"

The penicillin which first attracted the attention of Alexander Fleming was an "occurrence of nature", with no control exercised over the conditions of its production. Production of pyrogen-free penicillin for the medical profession, however, is accomplished only by the most elaborate methods of control for insuring highest attainable productivity, potency, and purity.

Shown here is one of the many rigid controls exercised at the Schenley Laboratories. In this step, PENICILLIN Schenley is being tested to insure standard potency. As supplies of penicillin increase, the elaborate system of control will continue to safeguard its production at Schenley Laboratories.



SCHENLEY LABORATORIES, INC.

Producers of **PENICILLIN** SCHENLEY • Executive Offices: 350 Fifth Avenue, N. Y. C.



Aid to ophthalmic surgery

AO HAGUE CATARACT LAMP HELPS YOU TO VISUALIZE CAPSULE AND CORTEX OF LENS

As an aid to cataract extraction, the Hague Cataract Lamp supplies ultra-violet rays which fluoresce the lens of the eye and any part of the cornea stained with fluorescent dyes. In intracapsular extraction, it enables you to see how much of the anterior capsule your forceps are grasping, and to gauge the force exerted by the lines of stress which appear on the capsule. In extracapsular extraction, it enables you to see any small scattered lens fragments which frequently are not visible with ordinary light.

The lamp is light, portable, and safe. It transmits ultra-violet high in the needed wave lengths; yet it screens out potentially harmful rays and produces no biological response. Consult your nearest American Optical branch for a demonstration of the Hague Cataract Lamp.

American Optical
COMPANY

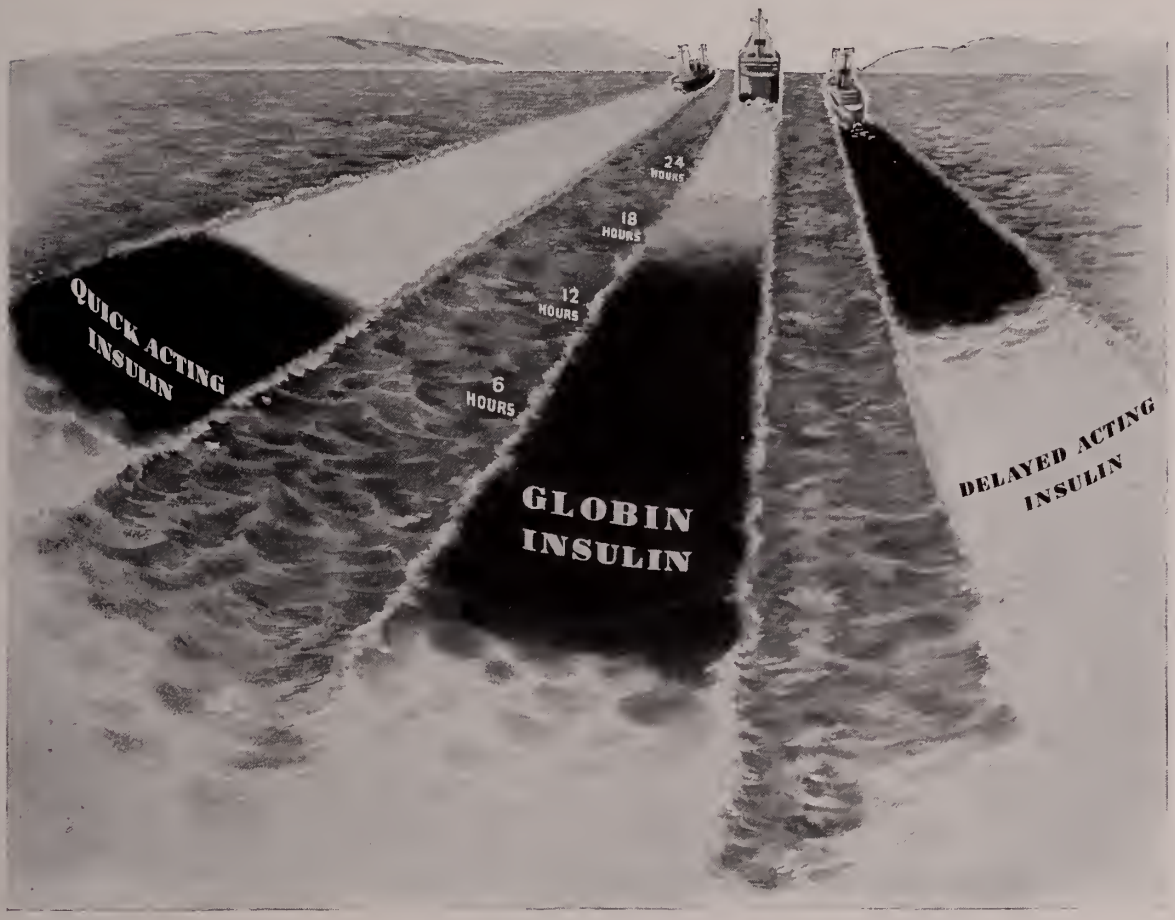
THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

The MIDDLE COURSE of diabetes control



The physician-pilot has three courses upon which to steer his diabetic patient. One is the course of quick-acting but short-lived insulin. Another is slow acting but prolonged. Between these, is the broad channel of 'Wellcome' Globin Insulin with Zinc—suitable for many patients' needs.

'Wellcome' Globin Insulin with Zinc is well adapted to the patient whose diabetes is controlled by a single injection. With Globin Insulin, the patient obtains the benefits of rapid onset of action, sustained daytime effect, and diminished action at night—this last tending to minimize nocturnal insulin reactions.

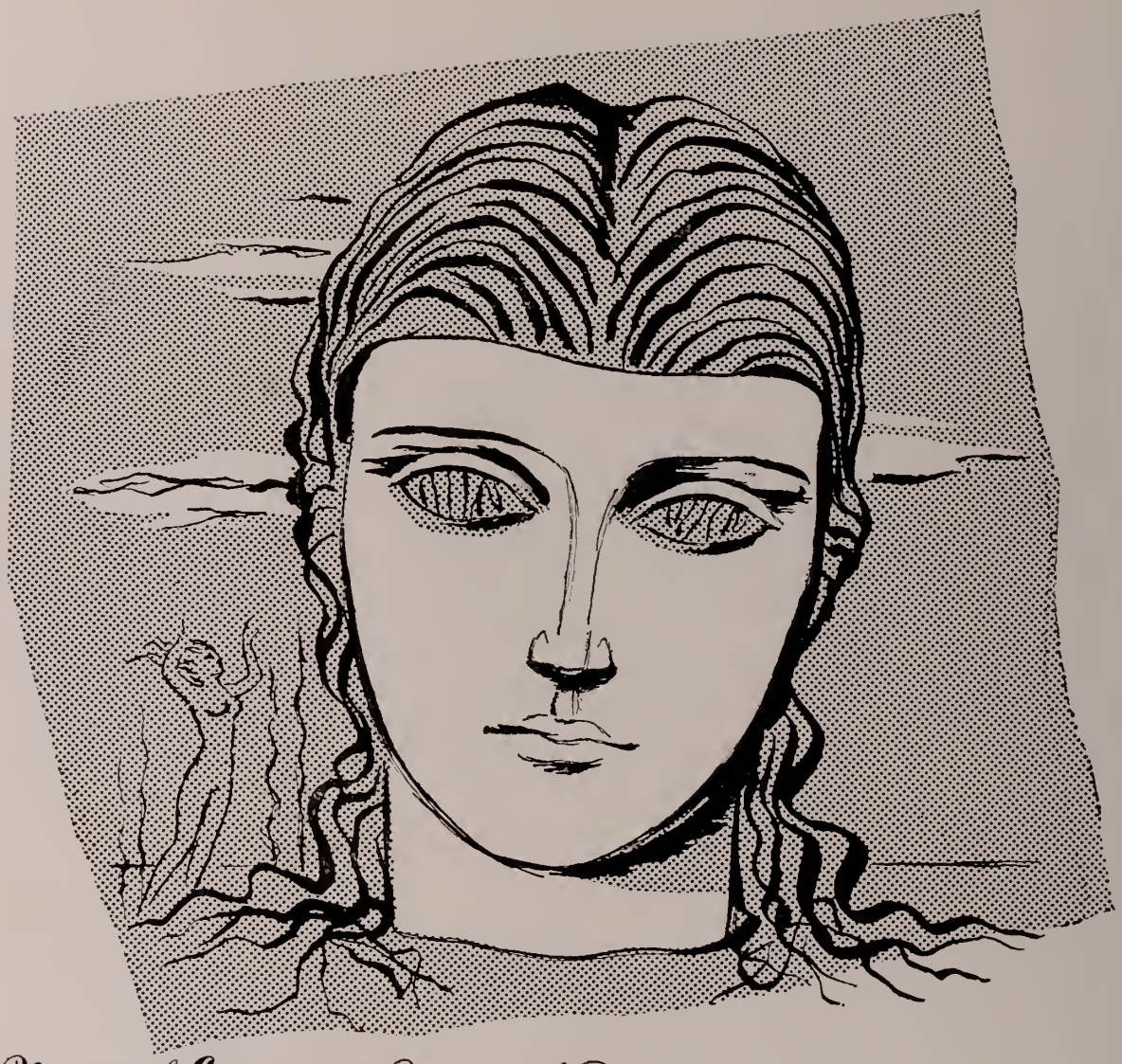
'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic properties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Reg.



Literature on request

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.



Natural Estrogen...Natural Process

THE MENOPAUSE, a normal event in a woman's life, is for some troublesome and stormy.

For sixteen years Amniotin, a natural estrogen, has been bringing comfort and relief to harried women. Vasomotor and accompanying disagreeable symptoms are lessened, the disturbed psyche quieted. Amniotin is a highly purified, complex mixture of estrogens *derived from natural sources*—well tolerated and economical. Flexible in dosage, Amniotin is available in parenteral, oral and intravaginal forms; standardized in International units.

Amniotin
TRADEMARK

For information address Professional Service Department:
E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, N. Y.

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

THE WYETH

VIPULE

GIVES YOU

"Laboratory fresh"

PENICILLIN SOLUTION

THE VIPULE is a special glass container in which Penicillin, Wyeth, is reduced to a dry powder from the frozen state under high vacuum.

The flame-sealed Vipule container, exclusively Wyeth, provides prolonged protection of the delicate product against air, moisture, and other deleterious influences.

Unbroken, the Vipule retains the potency of the penicillin so effectively that it remains stable over long periods . . . a highly important feature with this sensitive antibiotic.



THE WYETH VIPULE* PENICILLIN PACKAGE:

The Closed-System Unit

One Vipule contains 100,000 Oxford units of Penicillin, Wyeth; the other Vipule containing the diluent (20 cc. of sterile, pyrogen-free normal saline solution) is fitted with double-pointed Vipule needle.



· THE VIPULE provides a Closed-System technique for restoring penicillin into "LABORATORY FRESH" sterile solution.

Solutions are prepared quickly without the aid of a syringe:

1. Snap the glass cap from the penicillin Vipule at the plainly visible etched groove. Turn down sleeve of rubber stopper over neck of Vipule.

2. Snap the cap from the Vipule with diluent to expose the free end of the double-pointed Vipule needle.



3. Invert vial portion of the diluent Vipule over the upright penicillin vial and push downward so that the ends of the needle penetrate both diaphragms.

The "Laboratory Fresh" Penicillin solution is now ready for withdrawal and administration.

*REG. U. S. PAT. OFF.

REICHEL DIVISION
WYETH INCORPORATED
PHILADELPHIA 3, PA.

Wyeth

Precision

PHARMACEUTICALS

for

MODERN THERAPIES

Wyeth offers a complete line of pharmaceutical, biological and nutritional products developed to meet the most exacting requirements. The uniformity of Wyeth preparations is the result of long years of manufacturing experience; their quality, the result of laboratory skill and the finest of material.

WYETH INCORPORATED
PHILADELPHIA 3, PA.

Wyeth

A Complete Service for the Physician

PHARMACEUTICALS • NUTRITIONALS
BIOLOGICALS



Ray-Bans
FAVORITE OF FLYERS

For Civilians . . . On Prescription Only:
Every week Bausch & Lomb receives dozens of letters from fighters all over the world, praising the glare-protection of Ray-Bans. *"I owe my life to my Ray-Bans,"* wrote a fighter pilot. Limited quantities of these same lenses are available for your civilian patients, on prescription, to relieve sun-glare distress. Mounted in regular frames (the distinctive Ray-Ban frame is allocated to military use).

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

Surgical Supply Company
T. EMMETT ANDERSON, PRESIDENT
Established 1916

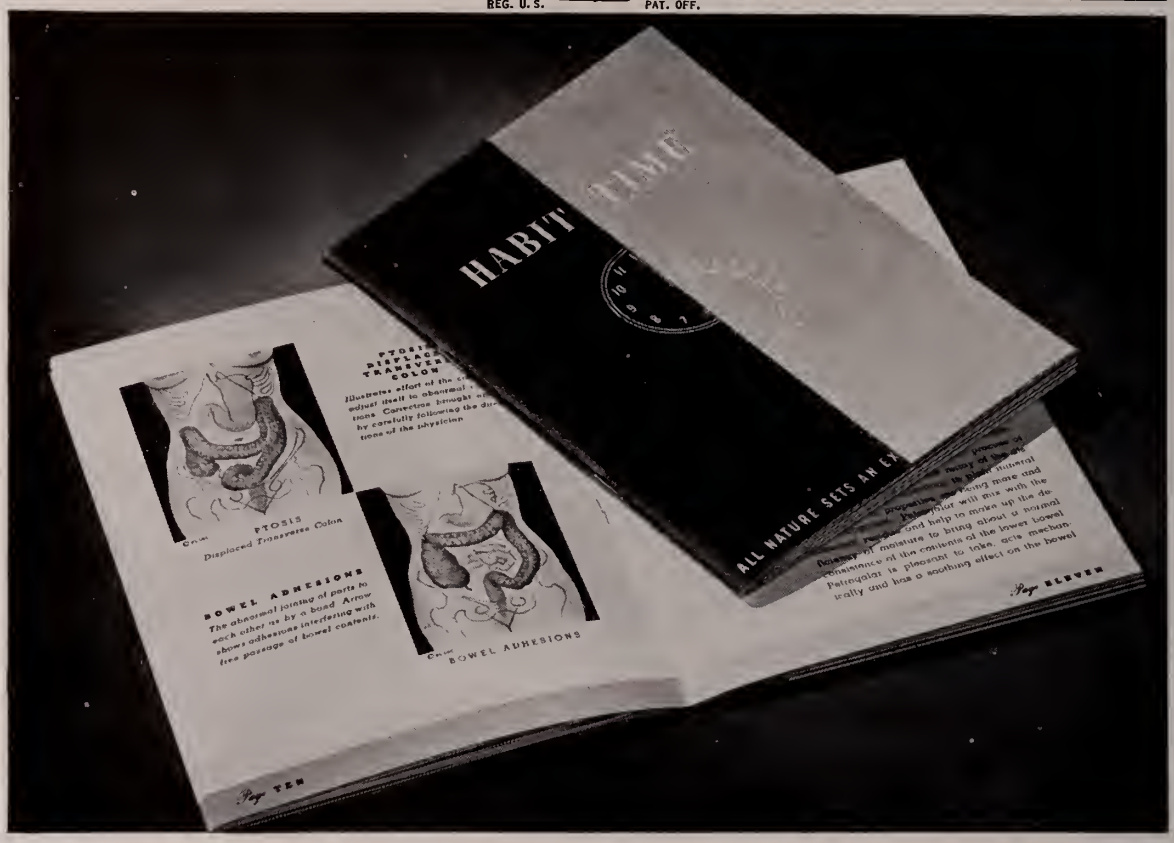
Completely Stocked Warehouses and Display Stores at
MIAMI = JACKSONVILLE = TAMPA

OUR STOCKS OF SURGICAL SUPPLIES ARE THE
Largest and Most Complete in Florida

Surgical Supply Company
Has Served the Medical Profession Ethically and
Continuously Since 1916

Wyeth

REG. U. S. PAT. OFF.



How many copies shall we send you?

Explaining the importance of a regular bowel habit time to your patients—and how to establish it—may take more time than your war-busy days permit.

Let the concise treatise "Habit Time" save you that needless trouble. This dignified brochure explains simply and clearly how the patient can best supplement your special instructions to re-establish regular bowel habits. Colorfully illustrated, the booklet helps to secure patient co-operation.



Bottles of 16-ounces. Also Special Hospital Dispensing Unit for hospital use only.

SIMPLY JOT DOWN *"Habit Time"* AND NUMBER OF COPIES REQUIRED ON YOUR PRESCRIPTION BLANK AND SEND TO US.

Petrogalar

REG. U. S. PAT. OFF.

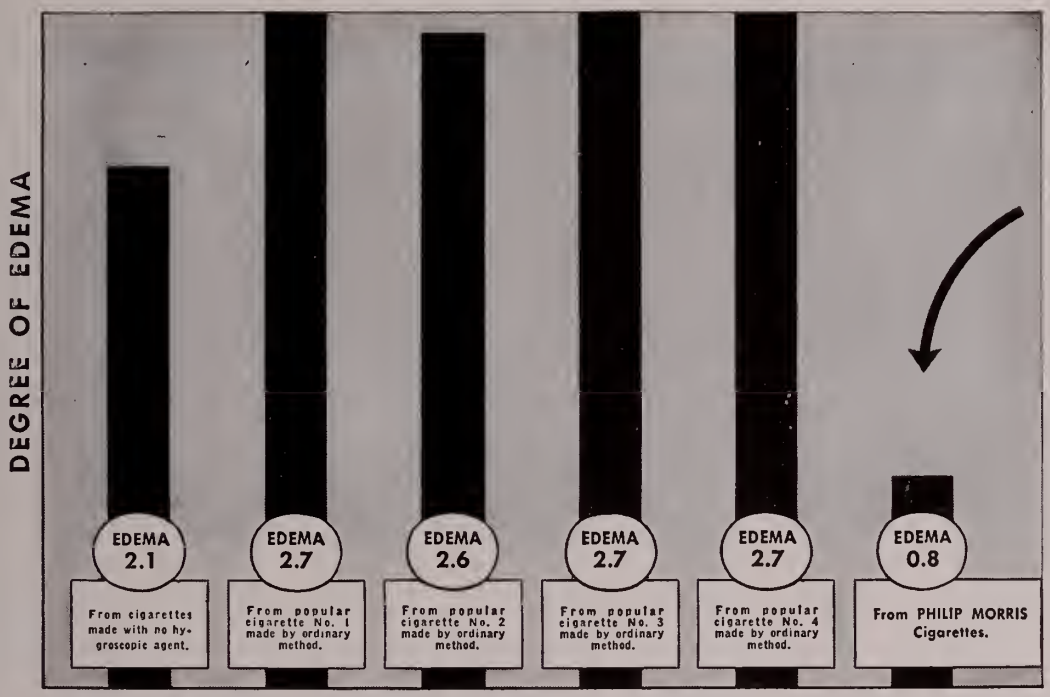
An aqueous suspension of pure mineral oil in an aqueous jelly.

Helps Establish "Habit Time"

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

A PICTURE

that means more than a thousand words



HOW IRRITATION VARIES FROM DIFFERENT CIGARETTES
Tests made on rabbits' eyes reveal the influence of hygroscopic agents

CONCLUSION:* Results of these tests show that regardless of blend of tobacco, added materials, or method of manufacture, the irritation produced by ordinary cigarettes is *measurably greater* than that caused by PHILIP MORRIS.

CLINICAL CONFIRMATION:** On men and women smokers with throats irritated by smoking, PHILIP MORRIS have been shown to be *definitely* less irritating.

PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

*N. Y. State Journ. Med. 35 No. 11,590 **Laryngoscope 1935, XLV, No. 2, 149-154

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



WE ARE PLEASED TO

Announce our Appointment

as Distributors of

PENICILLIN SCHENLEY

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

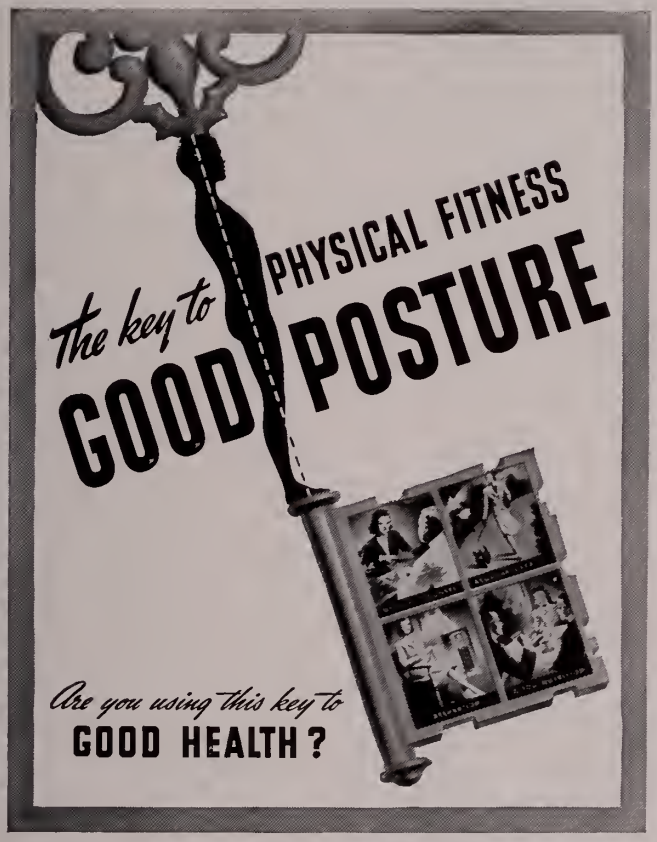
In line with our established policy of distributing the finest of biological and pharmaceutical products, we are proud to announce the addition of

PENICILLIN SCHENLEY

to our list

May 7th—12th **CAMP** TRADE MARK *7th Annual*

NATIONAL POSTURE WEEK





TWO OF A SERIES of educational posters in full color telling the story of Good Posture as one of the elements in Good Health and Physical Fitness. The Poster on the left broadens the theme to stress the importance of medical counsel, sound nutrition, relaxation and sensible exercise.

IN ITS SEVENTH YEAR, National Posture Week continues its sound and ethical program of focusing the attention of the country on the significance of Good Posture to good health and physical fitness. As the years go on, it is becoming evident that the special events of National Posture Week and the year-round program have encouraged many suffering from poor body mechanics to seek professional counsel.

While the public will be reached through every popular channel of public information, emphasis is again being placed on the distribution of authoritative literature to schools, colleges, medical and government bodies, industrial, professional and civic public health groups.

Physicians, educators and lay groups in the field of public health have shown in practical cooperation and voluminous correspondence that they approve the content and methods of National Posture Week and its year-round physical fitness program. It is our hope that we will continue to merit this support in this year of Victory and during the post-war years of adjustment which will present so many problems to those charged with maintaining the health of the nation.

S. H. CAMP & COMPANY • Jackson, Mich. • *World's Largest Manufacturers of Scientific Supports*
Offices in NEW YORK • CHICAGO • WINDSOR, ONTARIO • LONDON, ENGLAND



Free: These two illustrated 16-page booklets on Posture, prepared especially for physicians to give their patients. "The Human Back . . . Its Relationship to Posture and Health" and "Blue Prints for Body Balance". Write on your professional letterhead, stating quantity of each desired . . . to

SAMUEL HIGBY CAMP INSTITUTE
FOR BETTER POSTURE



Empire State Building, New York 1, N. Y. • (Founded by S. H. Camp & Company, Jackson, Mich.)



Compatible companion for soap

A surface injury contaminated by dirt, or an unbroken skin in which an incision is to be made, requires a good scrubbing with soap and water before the application of a potent antiseptic. 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) retains its bactericidal properties in the presence of soap, has prompt, well-sustained germicidal effect, and is compatible with tissue and body fluids.

ELI LILLY AND COMPANY
Indianapolis 6, Indiana, U.S.A.

Lilly

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI **Jacksonville, Florida, April, 1945** **No. 10**

BILATERAL DACTYLOMEGALY

R. R. KILLINGER, M. D.
JACKSONVILLE

Dactylomegaly is a rare developmental abnormality. A case in which this anomaly occurred bilaterally came under my observation some years ago and was the first to be reported in the literature.[1] A review of this early report and the survey of the literature which accompanied it is here presented, and the views more recently advanced regarding this interesting phenomenon are also set forth.

REPORT OF CASE

C. S., a Negro laborer aged 33, had abnormally large digits on both hands (figs. 1, 2 and 3). A normally delivered, breast-fed infant, he had experienced the usual diseases of childhood without serious illness. At the age of 21 years he had wrenched his neck backward, severely straining the cervical muscles. The day following this accident, he became aware of a mass on the front portion of the neck on the left side, and within a day or two this tumor had gained the size of an English walnut. Thereafter it had not changed in size, nor had it given him any trouble.

The bilateral dactylomegaly was present at birth in the involved digits, which grew as the other members of the body grew. Sensations of heat and cold and tactile sensations were the same as in the other fingers, and the muscular power was good. The patient had enjoyed good health and had for fifteen years prior to examination been employed in different capacities at railroad shops. For six years he had performed in an entirely satisfactory manner the work of a fireman in a roundhouse. He had declined numerous lucrative offers to travel with shows and carnivals, preferring steady employment at home.

His father, mother and two sisters were living and well; two brothers had died in early youth from unknown causes. All were normal in physique. There was no history that could be recalled of abnormal enlargement of any part of the body in any person on either side of the family. The patient's two children were normal and well.

On physical examination, it was observed that the patient was a well developed and nourished Negro man 5 feet 9 inches in height and weighing 150 pounds. The scalp was normal in appearance with the hair normal in distribution and amount. Ocular, aural, nasal and laryngologic examination gave negative results, as did oral examination except for the presence of several crowns. As is characteristic of the Ethiopian, the skull was prognathous in type; the fronto-occipital and occipitomental measurements were 47.3 cm. and 57.2 cm. respectively. No tracheal tugging was present. The left lobe of the thyroid was moderately enlarged to about the size of an English walnut.

Measurements of the chest were 77 cm. on inspiration and 70.4 on expiration; the waist measured 66 cm. Examination of the lungs and the heart gave negative results. The average blood pressure in ten readings (Baumanometer) was 122 systolic and 80 diastolic. No evidence of thickening of the walls of the blood vessels was observed.

The abdomen was soft and flat with no masses or points of tenderness. The liver and the spleen were not



Figure 1



Figure 2

enlarged. Genitourinary examination revealed no abnormality in size and otherwise gave negative results. There was no history of venereal disease.

The lower extremities were normal in size. The bones and joints were everywhere normal except in the fingers involved. The reflexes were nowhere exaggerated, and the skin was soft, moist and flexible.

The distance from the elbow to the tips of the longest finger was 72.6 cm.; from the elbows to the hand, 30.8 cm.; around the wrists, 17.5 cm.; from the wrist to the patella, 33 cm. From wrist to tip of right thumb, for example, measured 15.5 cm.; the circumference of its terminal phalanx was 11 cm., and the nail measured 2.75 cm. by 2.2 cm. The index finger and the middle finger of each hand were turned mesially to permit a partial flexion of the fingers. The normal fingers corresponded in size to those of another Negro of like weight and size. In view of these measurements there was no occasion for confusion with acromegaly.

Urinalysis gave negative results on two occasions. Examination of the blood also gave negative results, and the Wassermann reaction was negative. There was no evidence of tubercle bacilli on two examinations of the sputum, nor of parasites on examination of the stool.

The report of the roentgen examination made by Drs. L. W. Cunningham and W. McL. Shaw follows:

> There is marked enlargement of the fingers both in length and diameter, on the left hand, the thumb and index fingers being involved. On the right hand a similar symmetrical hypertrophy, but only involving the thumb and index finger. The general appearance of these hypertrophied bones is that of a fairly normal structure except for some thickening of the periosteum near their necks. There is also slight irregularity of the joint outlines. Study of the head in a lateral view with specific reference to the sella shows an essentially normal appearance.



Figure 3

In 1897, Polaillon[2] in his encyclopedia mentioned 43 cases of dactylomegaly collected from the literature and gave the most complete account of the subject published up to that time. He observed that the condition occurs most frequently in men, that the middle and index fingers are most commonly involved and that rarely is one finger only affected. In some cases, he noted, the hand or even half of the body may be affected, and in only one instance, in which this abnormality occurred in several generations, was there evidence suggesting hereditary origin. He directed attention to differentiation between hypertrophy of both bone and soft tissues, and elephantiasis of soft parts only.

In casting about for a reasonable explanation of the etiology of this rare phenomenon, early investigators presented no clearly defined views. Perhaps Humphrey,[3] in 1890, offered the best explanation in these words:

> The affection consists in an overgrowth of the tissues of the part, bones, ligaments, tendons, skin and more particularly of the fat and connective tissue; these tissues usually presenting their normal characters. The overgrowth continues to proceed after birth, often at a rate exceeding that of the rest of the body, and so to call for a removal of the part. The hands and feet are about equally liable, and the digits on the radial and tibial sides more than the others. In some cases the overgrowth shows a tendency to spread, more particularly along the sole. Now and then it is symmetrical, and occasionally it is associated with fatty growths in other parts. Reference is made to congenital outgrowths of like nature in lips, tongue and face; and an analogy is drawn between these examples of intrauterine insubordination to the laws of development and growth, and the growths or tumors of later life, all or nearly all of which, simple and malignant, are referable to an abnormal overgrowth of the normally existing tissues rather than to a starting into activity of latent embryonic germs.

In 1894, Morton[1] reported 2 cases. In amputating two fingers in 1 of these cases he observed that the parts were exceedingly vascular and a number of catgut ligatures were required to control hemorrhage. In the other case, there was a constriction below the elbow on the affected side with many nodules below, and there was a condition of cavernous angioma affecting the fingers. Treatment with elastic pressure and the constant application of 10 per cent ichthyol in lanolin practically cured this condition. This author observed that the metacarpophalangeal joints are essentially normal and that the interdigital joints are loose, permitting lateral motion with flexion of not more than half the normal extent possible owing to defective articulating surfaces of the interphalangeal joints as well as defective ligaments.

Tachard,[5] however, in a case of congenital dactylomegaly amputated the right ring finger, made a histologic study and concluded that the "collateral vessels and nerves were normal, the periosteum and bone normal and healthy, and that the integrity of the arteries and veins showed that they were not concerned in the process."

The early writers[6, 7, 8, 9] all agreed that this anomaly is not of tuberculous, syphilitic or hereditary origin, that it occurs more frequently in men and that it involves most often the middle and index fingers. Several had amputated the affected digits because they were cumbersome and interfered with the movements of the rest of the hand in work. None offered a hypothesis of causation; most agreed that the condition is congenital in origin.

During the first quarter of the present century not much progress was made in the subject of dactylomegaly although much was added to the knowledge of the functions of the hypophysis, which was believed to be largely concerned. Keith[10] concluded that an internal secretion from the hypophysis sensitizes tissues to respond to natural stimuli of growth with increased vigor and energy. At that time little had been done clinically with tethelin, which was supposed to have this specific effect on growth. Blumer,[11] writing in 1924, summed up the physiology of the pituitary body as still confused and concluded that it seems unlikely only a single secretory principle is produced either by the anterior or posterior parts of the gland.

Recently, in personal communications to me, Blumer[11] wrote that he had observed dactylomegaly occurring bilaterally but not symmetrically and that he had noted the tissues, while hypertrophied, are nevertheless normal. He questioned whether or not the origin of the abnormality can be explained, especially as clearly a congenital malformation. He mentioned that hormonal control of general growth, as contrasted with local growth, is fairly well understood; it is under the guidance of the pituitary body, whose growth-producing hormone is essential for the proper development of bones and muscles, deficiency of this hormone causing dwarfism and excess causing gigantism or acromegaly. Observing that in dactylomegaly the process is purely local and not even symmetrical, he found it hard to conceive that a hormone could have a selective action on particular types of tissue in a sharply limited local area unless it be compared to such a defi-

nite pathologic process as tumor formation, which may theoretically be due to action of hormone-like substances.

Upon making inquiry regarding possible differences in the development of digits in anthropoid apes comparable to those observed in man, Blumer[11] received from Dr. K. S. Lashley, Director, Yerkes Laboratory of Primate Biology, Orange Park, Fla., the opinion that in all monkeys and anthropoid apes the thumb is proportionately smaller than in man. This authority knew of no instance of pathologic enlargement of the digits recorded in any subhuman primate.

In reporting a case of dactylomegaly in the Indian Medical Gazette in 1941, Brinitzer[12] expressed the opinion that a tumor is a mass of tissue growing without regard for the laws which govern and restrain the growth of normal tissue. He explained gigantism, universal or partial, on this ground.

Warner[13] cited Weber,[13] who reported a case of unilateral megalodactylia, as distinguishing true or primary gigantism in one or more fingers or toes from other hypertrophies by (1) the increase in growth limited to one or more digits, (2) the lack of symmetry on both sides of the body, (3) the accompanying great deformity in the shape of the overgrown part and (4) the much greater increase in the size of the affected part.

In his discussion of skeletal disturbances and anomalies, Cohn,[14] disregarding primogeniture and noting that hereditary claims are legion, concluded that dyschondroplasia and other developmental deformities are identical in origin and result from arrest of one or more processes necessary for growth of bone. He quoted Warren[14] as stating that "exostoses and the elongation of the metaphysis are coordinated symptoms which develop through an inhibition of that process which effects during growth, a metamorphosis of the metaphysis into diaphysis." Jansen[14] termed this process tubulation.

Rowe, [15] reporting a case in 1944, observed that local gigantism is a condition in which excessive response to growth stimuli occurs in a particular part of the body. He noted that rarely is there a hereditary trait. Regarding the pertinent question as whether or not macrodactylia and local gigantism are synonymous, this author quoted the opinion of Streeter,[15] as follows:

> I should be inclined to apply 'macrodactylia' to the occurrence of larger fingers or toes as an hereditary condition, likely to be repeated in successive generations. (The terms should be reserved to express the opposite of brachydactylia—abnormal shortness—which also is an hereditary condition.) If it is in the upper extremity, it would be present in both hands—bilaterally symmetrical. The condition is present in the arm buds or leg buds as a gene.
>
> Local gigantism, in contrast, is not bilaterally symmetrical but is exhibited in haphazard focal areas. It does not appear to be a mutation or to be a gene-determined character. Rather, it is a consequence of germ plasm abnormality or pathology. By accident in cell cleavage or organogenesis certain areas in some instances become supersensitive to growth stimuli. Such an overresponse is at the basis of local gigantism, as I see it.

In differential diagnosis a number of diseases are to be considered. In the case here reviewed the abnormality cannot be confused with acromegaly, in which, as a rule, hypertrophy of the hypophysis is present. Laboratory findings substantiate this feature, and also exclude Fröhlich's disease, for no disturbance of the internal secretions can be demonstrated in dactylomegaly. In myxedema there is no bony enlargement.

Hypertrophic pulmonary osteoarthropathy, or Marie's disease, is excluded because of the normal condition of the lungs. Tuberculosis and syphilis are also excluded on the basis of clinical and laboratory examinations as well as the duration of the condition. In osteitis deformans, or Paget's disease, there is a thickening of the cranial part of the skull involving the bones of the arms, forearms, thighs and legs rather than the hands and feet. The dissociated sensory disturbances, altered reflexes and muscular atrophy associated with syringomyelia differentiate this disease from dactylomegaly.

CONCLUSION

The first case of bilateral dactylomegaly reported in the literature, which came under my observation some years ago, is here reviewed. The consensus among the early writers and the views of more recent investigators regarding this interesting anomaly are summarized.

REFERENCES

1. Killinger, R. R.: Dactylomegaly: A Bilateral Affection, the Only Case Reported, J. Florida M. A. 12: 6-10 (July) 1925.
2. Polaillon, R.: Congenital Hypertrophy of Fingers, Guy's Hosp. Gaz. 12: 336, 1898.
3. Humphrey, G. M.: On Macrodactyly and Some Other Forms of Congenital Overgrowth, and Their Relation to Tumors, Proc. Roy. M. & Chir. Soc. 3:59, 1890-1891.
4. Morton, T. S. K.: Two Cases of Congenital Hypertrophy of the Fingers, Medical News, Philadelphia, 64:294, 1894.
5. Tachard, E.: Megalodactylie Congenitalie de l'Annulaire Droit, Courrier Med., Paris, 39:221, 1889.
6. Southam: A Case of Extreme Hypertrophy of Fingers (Congenital), Illustrated Medical News, London, 2:269, 1889.
7. Filipucci: Dactylomegalie congenitale de l' Index Droit, Rev. Gen. de Chir. et de Therap., Paris, 20:120, 1906
8. Begouin, P., and Sabrazes, J.: Macrodactylie et Microdactylie, N. inconog. de la Salpetriere, Paris, 14:305, 1901.
9. Cestan, R.: Hypertrophie Congenitale des Droits Medius et Index de la Main Gauche, N. inconog. de la Salpetriere, Paris, 10:399, 1897.
10. Bassoe, P.: Acromegaly, Endocrinology and Metabolism. 1922. vol. 1. pp. 805-857.

11. Blumer, George: Billings-Forcheimers Therapeusis of Internal Diseases, 1924, vol. 4, pp. 164-173; personal communications to the author.
12. Brinitzer, W.: Dactylomegaly; Case, Indian M. Gaz. 76:286-287 (May) 1941.
13. Warner, E. C.: Megalodactylia, Cause, Proc. Roy. Soc. Med. 26:1373, 1933
14. Cohn, I.: Skeletal Disturbances and Anomalies, Clinical Report and Review of Literature, Tr. South. S. A. 44:485-521, 1931.
15. Rowe, E. W.: Local Giantism, Radiography & Clin. Photography 20: 20-21, 1944.

450 St. James Building, zone 2.

ABDOMINAL PREGNANCY

REPORT OF A CASE WITH LIVING BABY AND MOTHER

MAURICE J. ROSE, M. D.
MIAMI BEACH

REPORT OF CASE

Mrs. J., aged 36, a primipara who had been married approximately two years, consulted me in September 1943. The history was essentially negative except for childhood diseases. In April 1941 she had had a laparotomy with removal of the left tube and ovary as well as the appendix.

She stated that her last menstrual period had occurred on March 16, and that previous to that time the menstrual cycles were normal, occurring every twenty-eight to thirty days. She then informed me that about the first of May a Friedman test had given positive results; subsequently on May 10, a curettage had been performed to terminate the pregnancy, after which she had bled for about two weeks. She added that on June 25 she had been admitted to St. Francis Hospital under the care of Dr. C. Panettiere because of severe pain in the lower portion of the abdomen and excessive nausea and vomiting. She had remained in the hospital for one week and had received a 5 per cent solution of glucose in normal saline together with progynon and sedatives. The temperature had remained normal, but the pain and vomiting had continued. She had left the hospital somewhat improved and had remained in bed at home for several weeks.

The patient was still complaining of nausea, vomiting and abdominal pain in considerable degree when she first consulted me. Routine physical examination gave essentially negative results. Vaginal examination revealed a primiparous introitus with a cervix that was soft and discolored; the uterus was approximately four and one-half to five months gravid. The blood count was red blood cells 3,500,000 and white blood cells 6,150 with a hemoglobin estimation of 74 per cent. She insisted that there was no possibility of a pregnancy since it had been terminated. Nevertheless, roentgen examination disclosed a fetus of approximately five months gestation (fig. 1).



Fig. 1.—This roentgenogram, made Sept. 11, 1943, reveals a fetus of about five months gestation. The apparent uterine shadow is partially outlined. Approximately 15 faceted gallbladder calculi can be seen on the original film.

The patient continued to go along with much the same symptoms. Due to the fact that gallstones were disclosed roentgenologically, she was put on a rigid gallbladder diet and gallbladder therapy. On December 15 her condition became considerably worse, and she returned to St. Francis Hospital. The pains simulated a severe gallstone colic with vomiting, intense pain and every indication of collapse. In spite of the administration of morphine and intravenous therapy the condition did not improve. Consultation with Dr. Panettiere resulted in a diagnosis of pregnancy near term and cholelithiasis with probable hydrops of the gallbladder. His recommendation was termination of the pregnancy by cesarean section.

Roentgen examination was made on December 16 by Dr. Virgil H. Pieck who reported a single fetus of eight to eight and one-half months gestation with the head in the right occiput position. A definite full term uterine shadow could not be seen. There was, however, a soft shadow rising to the level of the third lumbar vertebra, which had the appearance of a five months gravid



Fig. 2.—Made December 16, this roentgenogram exhibits a fetus of approximately eight to eight and one-half months gestation. The uterine shadow is absent, especially in the region of the upper right portion of the maternal abdomen. There is a suggestion of a five months gravid uterus in the mid and lower part of the abdomen.



Fig 3.—The absence of a uterine shadow is noted in this view.

uterus (figs. 2 and 3). These findings suggested (1) a bicornate uterus, (2) an abdominal pregnancy or (3) an associated fibroid.

On December 18 a cesarean section was done through a suprapubic midline incision. Upon the opening of the abdominal cavity there was a sudden gush of blood-tinged amniotic fluid, and to our astonishment a live fetus was floating in the abdominal cavity. The fetus was easily extracted and weighed 5 pounds, 2½ ounces. The placenta was attached to the lower anterior part of the abdominal wall, the uterus, broad ligaments and right adnexa. It separated with ease and for that reason was removed. A large portion of the fetal membranes was attached to the omentum and adnexa and was not removed. The examination of the pelvic organs, made in an attempt to disclose whether this was a primary or secondary abdominal pregnancy, was not satisfactory because of the adhesions that were present and the considerable amount of bleeding that had to be controlled. A large lap pad was packed into the lower portion of the abdominal cavity for hemostasis and closure by layers.

During a stormy convalescence the patient received two blood transfusions. The temperature rose to 102 F., and for several days there was considerable distention, but this was relieved by Wangensteen suction. She left the hospital on the twelfth day with a normal temperature and in good condition.

At this writing the baby is approximately nine and one-half months old, weighs 22 pounds and is apparently normal in every respect. The mother is doing well and menstruating normally, but occasionally she has gastrointestinal upsets from the gallstones.

CONCLUSION

This case merits reporting because of the history of termination of a uterine pregnancy that turned out to be an abdominal pregnancy and because of the bizarre nature of the symptoms with reference to the presence of gallstones. In addition, the patient had only one tube and ovary, probably chronically inflamed and predisposed to this extrauterine pregnancy. Lastly, the good fortune of a favorable outcome with a living baby and mother is worthy of record.

420 Lincoln Road, zone 39.

FLORIDA MEDICAL ASSOCIATION
OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
Thomas E. Buckman, M.D...AL-45.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Council C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B 46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
Edward Jelks, M.D., Delegate.....*Jacksonville*
Meredith Mallory, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
HOMER L. PEARSON, M.D.....*Miami*

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
WEBSTER MERRITT, M.D.....*Jacksonville*
FRANK C. METZGER, M.D.....*Tampa*
LLOYD J. NETTO, M.D.....*West Palm Beach*
RALPH SAPPENFIELD, MAJOR (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
HOMER L. PEARSON, M.D., Chairman.....*Miami*
ARTHUR L. WALTERS, M.D.....*Miami Beach*
HERMAN WATSON, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....*Jacksonville*
JOSEPH C. FLYNN, M.D.....*Tampa*
THEODORE F. HAHN, M.D.....*DeLand*

Board of Past Presidents

H. MARSHALL TAYLOR, M.D., 1923, Chm.....*Jacksonville*
WALTER C. JONES, M.D., 1941, Secy.....*Miami*
ROBERT H. MCGINNIS, M.D., 1915.....*Jacksonville*
FREDERICK J. WALTER, M.D., 1918.....*San Diego, Calif.*
WILLIAM E. ROSS, M.D., 1919.....*Jacksonville*
JOHN C. VINSON, M.D., 1924.....*Tampa*
JOHN S. MCEWAN, M.D., 1925.....*Orlando*
H. MASON SMITH, M.D., 1926.....*Tampa*
JOHN A. SIMMONS, M.D., 1927.....*Arcadia*
FREDERICK J. WAAS, M.D., 1928.....*Jacksonville*
HENRY C. DOZIER, M.D., 1929.....*Ocala*
JULIUS C. DAVIS, M.D., 1930.....*Quincy*
GERRY R. HOLDEN, M.D., 1932.....*Jacksonville*
WILLIAM M. ROWLETT, M.D., 1933.....*Tampa*
HOMER L. PEARSON, M.D., 1934.....*Miami*
HERBERT L. BRYANS, M.D., 1935.....*Pensacola*
ORION O. FEASTER, M.D., 1936.....*St. Petersburg*
EDWARD JELKS, M.D., 1937.....*Jacksonville*
W. HENRY SPIERS, M.D., 1938.....*Orlando*
LEIGH F. ROBINSON, M.D., 1939.....*Ft. Lauderdale*
J. SAM TURBERVILLE, M.D., 1940.....*Century*
GILBERT S. OSINCUP, M.D., 1942.....*Orlando*
EUGENE G. PEEK, M.D., 1943.....*Ocala*

LIST OF PAST PRESIDENTS REVISED

A complete and authentic list of the Association's past presidents has finally been compiled. During the past twenty years diligent search has been made for the names of a number of past presidents that could not be ascertained. Many notices were published in the Journal urging aid from our membership; many of the oldest living members were interviewed and letters were exchanged with others. Occasionally a name could be added, but the list remained status quo for many years. The list which has been published in the Journal and for eight years in the Florida Medical Directory did not include the names of the presidents for 1874, '75, '76, '78, 79, '80, '81, '82 and '83.

The list is now complete and includes the name of the president for 1874 when the first meeting of the Florida Medical Association was held in Jacksonville. Dr. Webster Merritt, one of our Associate Editors, gleaned the information necessary to make this final revision in connection with his research work on medical history in Duval County. He located the proceedings of the Florida Medical Association for the year 1893 and found in this paper-backed volume some of the names of past presidents that had not been available. The officers and members of our Association owe a debt of gratitude to Dr. Merritt for uncovering this information and for his thoughtfulness in revising the list of past presidents of the State Association.—H.L.P.

FLORIDA MEDICAL ASSOCIATION PAST PRESIDENTS

1874—Dr. Abel S. Baldwin, Jacksonville*
1875—Dr. Abel S. Baldwin (2nd Term)
1876—Dr. Thomas M. Palmer, Monticello*
1877—Dr. Francis P. Wellford, Jacksonville*
1878—Dr. R. D. Murray, Key West*
1879—Dr. Richard P. Daniel, Jacksonville*
1880—Dr. Charles J. Kenworthy, Jacksonville*
1881—Dr. George W. Betton, Tallahassee*
1882—Dr. R. B. S. Hargis, Pensacola*
1883—Dr. Emil T. Sabal, Jacksonville*
1884—Dr. John P. Wall, Tampa*
1885—Dr. N. D. Phillips, Gainesville*
1886—Dr. Joseph Y. Porter, Key West*
1887—Dr. J. W. Hicks, Orlando*
1888—Dr. R. A. Lancaster, Gainesville*
1889—Dr. R. A. Lancaster (2nd Term)
1890—Dr. Thomas P. Gary, Ocala*
1891—Dr. Thomas P. Gary (Died June 10, 1891)
** —Dr. J. Harris Pierpont, Pensacola*
1892—Dr. Sheldon Stringer, Brooksville*
1893—Dr. Frank H. Caldwell, Sanford*
1894—Dr. T. D. Rush, Apalachicola*
1895—Dr. C. B. Sweeting, Key West*
1896—Dr. H. K. DuBois, Port Orange*
1897—Dr. R. B. Burroughs, Jacksonville*
1898—Dr. R. P. Izlar, Ocala*
1899—Dr. J. Harrison Hodges, Gainesville*
1900—Dr. W. H. Hughlett, Cocoa*
1901—Dr. A. J. Wakefield, Jacksonville*
1902—Dr. J. Harris Pierpont, Pensacola*
1903—Dr. DeWitt Webb, St. Augustine*
1904—Dr E. N. Liell, Jacksonville*
1905—Dr. J. M. Jackson, Miami*
1906—Dr. John MacDiarmid, DeLand*
1907—Dr. W. P. Lawrence, Tampa*
1908—Dr. J. F. McKinistry, Gainesville*
1909—Dr. Henry E. Palmer, Tallahassee*
1910—Dr. J. D. Love, Jacksonville*
1911—Dr. A. H. Freeman, Ocala*
1912—Dr. John S. Helms, Tampa*
1913—Dr. P. C. Perry, Jacksonville*
1914—Dr. F. C. Moor, Tallahassee*
1915—Dr. R. H. McGinnis, Jacksonville
1916—Dr. E. W. Warren, Palatka*
1917—Dr. Ralph N. Greene, Coral Gables*

1918—Dr. F. J. Walter, San Diego, Cal
1919—Dr. Wm. E. Ross, Jacksonville
1920—Dr. W. P. Adamson, Tampa*
1921—Dr. S. R. M. Kennedy, Pensacola*
1922—Dr. L. M. Anderson, Lake City*
1923—Dr. H. Marshall Taylor, Jacksonville
1924—Dr. John C. Vinson, Tampa
1925—Dr. John S. McEwan, Orlando
1926—Dr. H. Mason Smith, Tampa
1927—Dr. John A. Simmons, Arcadia
1928—Dr. F. J. Waas, Jacksonville
1929—Dr. Henry C. Dozier, Ocala
1930—Dr. Julius C. Davis, Quincy
1931—Dr. Gaston H. Edwards, Orlando*
1932—Dr. Gerry R. Holden, Jacksonville
1933—Dr. William M. Rowlett, Tampa
1934—Dr. Homer L. Pearson, Miami
1935—Dr. Herbert L. Bryans, Pensacola
1936—Dr. O. O. Feaster, St. Petersburg
1937—Dr. Edward Jelks, Jacksonville
1938—Dr. W. Henry Spiers, Orlando
1939—Dr. Leigh F. Robinson, Ft. Lauderdale
1940—Dr. J. Sam Turberville, Century
1941—Dr. Walter C. Jones, Miami
1942—Dr. Gilbert S. Osincup, Orlando
1943—Dr. Eugene G. Peek, Ocala
1944—Dr. John R. Boling, Tampa

*Deceased.
** 1st Vice-President Succeeded to the Presidency

GRADUATE SHORT COURSE

The instructors for the Graduate Short Course to be held this year at the George Washington Hotel, Jacksonville, June 25 to 30, inclusive, have accepted their various assignments. There will be several new faces this year, but the previous excellent standard of lectures will be continued.

It is apparent at this time that there will be no medical meetings held either in the separate states or nationally this year. Therefore, the registration for the Graduate Short Course should be excellent.

The Office of Defense Transportation was furnished the data as to the type of lectures, the attendance and the purpose of the Graduate Short Course. As has already been mentioned in the Journal, they advised that in this instance they had no jurisdiction and, therefore, application for approval was not necessary.

REPORT OF A SPECIAL COMMITTEE RECOMMENDED BY THE BOARD OF GOVERNORS

Estimate of hospital beds needed in Florida to provide ample medical and nursing care for the rural population. Considering that there should be 5 beds for each 1,000 population, there is a deficit of 2,010 beds available to the rural population.

Of 100 questionnaires mailed out by this Committee, 39 were answered.

The following tabulation reflects the opinion of the special county groups making a study of conditions. Each section, no doubt, will try an enlightenment campaign or educational program through the various county and city commissioners for considering proper appropriations.

Feb. 4, 1945 J. C. Davis, M. D., Chairman.

Districts	*Hospital Beds*		*Additional Need*	
	White	*Negro*	*White*	*Negro*
Century area (Dr. Turberville)	24	10	10	10
Escambia County (Dr. Webb)	200	40	150	60
Walton County (Dr. Huggins)	10	0	40	25
Jackson County (Dr. McKinnon)	30	8	35	10
Gadsden County (Dr. Massey)	25	0	50	75
Leon County (Drs. Dozier and Pound)	35	40	75	50
Taylor County (Dr. O'Quinn)	0	0	30	25
Madison County (no report)	18			
Bay County (Drs. Lisenby and Fraser)	50	12	25	25
Gulf County-Port St. Joe (Dr. Ward)	20	10	20	10
Suwannee-Live Oak (Dr. Price)	0	0	30	20
Columbia County	40*	10*	54	16
Alachua County-Gainesville (bassinets incl.)	127	23	0	0
Pinellas County (St. Petersburg and Clearwater combined)	325	28	150	110
Pasco-Hernando-Citrus Counties	16	4	20	20
Hillsborough County	1,274	96	0	0
Highlands County-adequate care (Dr. Weems)	18	6	0	0
Brevard County-Eau Gallie (Dr. Creel)	0	0	20	10
Vero Beach (Dr. Kollar)	16	2	10	4
Broward County-Ft. Lauderdale	148	37	0	25
DeSoto County-Arcadia ((Dr. Simmons)	15	5	15	5
Volusia County-DeLand (Dr. West)	25	0	35	25
Osceola County-St. Cloud	45	9	25	10
Belle Glade area (Dr. Buck)	22	18	20	30
Lee County-Ft. Myers (Dr. Jones)	50	10	0	0
Manatee County-Bradenton (Dr. Hollingsworth)	94	39	0	0
Seminole County-Sanford (Dr. Dame)	15	15	25	25
Dade County-rural only (Dr. Jones)	1,305		362	400
Orange County-Orlando	350	30	100	30
West Palm Beach (Dr. Netto)	287	95	75	75
Putnam County-Palatka	25	15	0	0

*Bassinets.

FELLOWSHIPS FOR POSTGRADUATE STUDY

Harvard Medical School, 25 Shattuck Street, Boston 15, Massachusetts, is prepared to accept in its Courses for Graduates applications for registration as follows:

1—Medicine—October, 1945
2—Obstetrics—Any month, 1945
3—Pediatrics—May 28-June 9, 1945

A limited number of fellowships for these refresher courses are offered by the Commonwealth Fund, Division of Public Health, 41 E. 57th Street, New York 22, New York, to physicians who do general practice in rural areas of the state. Fellowship awards are made on the basis of information furnished by the applicant on forms obtainable from the Commonwealth Fund, and after a personal interview with a member of the Fund staff. Preference will be given to graduates of Class A medical schools and to those under 55 years of age. A fellowship entitles the recipient to reimbursement of tuition cost, necessary travel expense to and from Boston, and a stipend of $250 for courses (1) and (2) above and $125 for course (3) above.

STATE NEWS ITEMS

Dr. John S. McEwan of Orlando was recently appointed a member of the Florida Crippled Children's Commission by Governor Caldwell. Dr. McEwan succeeds Dr. S. C. Colley of Mount Dora whose term expired.

President Boling announces the appointment of Dr. T. Z. Cason of Jacksonville to serve as a member of the Advisory Committee to the Florida Citizens Committee on Education. On Nov. 17, 1944, the Governor issued an executive order appointing this committee.

Dr. Julien C. Pate of Tampa was a guest essayist at the meeting of a Section of the United States Chapter, International College of Surgeons, held in Birmingham, Ala., February 22.

Dr. T. Hartley Davis, City Health Officer, and Dr. B. F. Drake, secretary of the Marion County Medical Society, were guest speakers at the Ocala Rotary Club luncheon the early part of February. The subject for discussion was Typhus Fever and Rat Eradication.

The many friends of Dr. W. W. Harden of St. Petersburg will regret to learn that Mrs. Harden died on Feb. 7, 1945. Mrs. Harden was a past president of the Woman's Auxiliary to the Florida Medical Association.

Dr. Lawrence Adler, Miami, received his discharge from the United States Army, Jan. 22, 1945. He has resumed practice at 1774 S. W. 8th Street.

Dr. Naboth O. Pearce, Key West, recently transferred his membership from the Dade County to the Monroe County Medical Society.

Dr. Carlos P. Lamar, Miami, announces his return to practice after overseas duty. He will limit his practice to diabetes and other diseases of internal secretions and nutrition. His new office is located at 1010 Huntington Building.

Dr. C. J. Heinberg, Pensacola, was the guest speaker at the local Civitan luncheon held in February. He spoke on the subject of Tonsillectomy, the Club's major project since 1939.

FLORIDA LOCATION WANTED: Physician, wishing to locate in Florida for family health reasons, seeks location preferably in south Florida, Miami to Ft. Lauderdale, but will consider other locations. F. A. C. S. and Surgical Board diplomate; wide experience and recognized ability in General and Traumatic Surgery, Gynecology. Will buy practice retiring Doctor or consider group practice or association with physician with large ethical practice. Willing and able to do general practice for duration. Age 46, excellent habits, fine personality, a real worker, Christian.

Write 69-2, P. O. Box 1018, Jacksonville 1, Florida.

DEATHS

MEMBERS

Dr. I. F. Bean, Melbourne—Feb. 18, 1945.
Dr. Ephraim M. Brevard, Tallahassee—Feb. 26, 1945.
Dr. George L. Harrell, Vero Beach—Mar. 4, 1945.

OTHER DOCTORS

Dr. Fred H. Albee, Venice—Feb. 15, 1945.
Dr. Julius A. Childs, St. Petersburg—Feb. 11, 1945.
Dr. Henry W. Wooden (col.) Orlando—Feb. 12, 1945.



METAMUCIL

Metamucil softens the fecal residue, protects intestinal mucosa and exerts a gentle, stimulating, physiologic peristalsis.

Metamucil is the highly refined non-irritating extract of a seed of the psyllium group, Plantago ovata (50%), combined with dextrose (50%).

Metamucil mixes readily with liquids—is pleasantly palatable.

Supplied in 1-lb., 8-oz. and 4-oz. containers.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

G. D. SEARLE & CO., Chicago 80, Illinois.

Metamucil is the registered trademark of G. D. Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



From where I sit *by* Joe Marsh

Dr. Walters Solves the Locust Problem

Maybe it's because he's a doctor, but Dr. Walters is pretty smart at solving other people's problems. Like Alvin Blake's locusts.

For years, Alvin has been trying to get rid of a grove of locusts. They aren't using up any good land, but they annoy Alvin. Every time he cuts them down, up they shoot again.

"What'll I do about them locusts?" Alvin asks Dr. Walters. "Well, if you can't get rid of 'em," says the doctor, "I'd say you better get to like 'em."

From where I sit, that's sound philosophy—applies to people just as much as locust trees. You can't always change folks to your way of thinking—some may prefer beer to buttermilk, or a double harness to a single one—but you can get to like them (if you take the trouble).

And first thing you know, the little differences don't matter.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

HUGH WILLIAM HENRY

Dr. Hugh W. Henry, a Life Member of the Florida Medical Association, died at his home in New Smyrna Beach on Jan. 15, 1945.

Born Sept. 6, 1867, at Baltimore, Md., Dr. Henry received his medical training at the Medical Department of Washington and Lee University, from which he was graduated in 1891.

For several years he practiced at Danville and Staunton, Va. He opened an office in Oklawaha, Fla., in 1915 and in 1918 moved to Ocala where he remained ten years. In 1928 he located at New Smyrna where he continued his practice. He took an active interest in civic affairs, and was elected to the City Council for a four-year term in 1922, but resigned two years later. He was a member of the Rotary Club, the Masons and the Elks. He was also a member of the Volusia County Medical Society and the American Medical Association, and a Life Member of the Florida Medical Association.

Survivors are his widow, Mrs. Bettie McD. Henry, and two daughters, Mrs. John E. Pierce of Daytona Beach and Mrs. Wallace E. Sturgis of Ocala, and six grandchildren.

LAWRENCE T. GALPHIN

News of the death of Dr. Lawrence T. Galphin on Saturday, January 27, saddened the hearts of the residents of Fernandina. While Dr. Galphin had been confined to his bed for many years, his sunny disposition cheered all who ever saw him, and his passing was a shock to the community.

Dr. Galphin was born in Monticello, Fla., on Feb. 1, 1871, the son of Maj. John M. and Eliza D. Galphin. He moved to Fernandina with his parents in early boyhood, and later worked for the F. C. & P. Railroad, now a part of the Seaboard Air Line Railroad.

In 1895 he was married to Miss Evelyn Thompson, elder daughter of Sen. and Mrs. William Naylor Thompson. He studied medicine at the Hospital College of Medicine, Louisville, Ky., graduating in 1901 with honors. He returned to Fernandina, where he established practice, and remained there until in 1918 when he went to Tallahassee with his family to become District Health Officer for the State Board of Health. He rendered untiring service during the epidemic of influenza at that time.

Dr. Galphin later in 1918 moved to Havana,

When the RISK is great



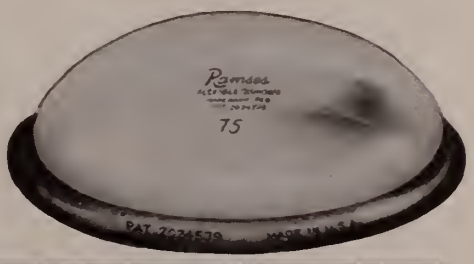
WHEN the physician reaches a decision that conception would present an undue hazard to health, the "RAMSES"* Flexible Cushioned Diaphragm may be prescribed with confidence. The unique patented construction of the rim provides a wide unindented area of contact with the vaginal walls, plus a buffer against spring pressure.

"RAMSES" Flexible Cushioned Diaphragms are manufactured in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters. They are available on the prescription or order of physicians through recognized pharmacies.

ACCEPTED AMERICAN MEDICAL ASSN.

Ramses

FLEXIBLE CUSHIONED DIAPHRAGM



*The word "Ramses" is the registered trademark of Julius Schmid, Inc.

A MARK OF Ramses DEPENDABILITY

Gynecological Division

JULIUS SCHMID, INC.

Established 1883

423 West 55 St. New York 19, N.Y.

Effective
Convenient
Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT
& DUNNING, INC.
BALTIMORE, MARYLAND

Fla., to re-enter private practice, but had to retire due to failing health. He returned to Fernandina in 1920, where he made his home. He numbered his friends by the score, and always had a kind word and a pleasant smile for everyone, his creed being to forget self and bring sunshine to others.

Dr. Galphin was a member of the Nassau County Medical Society and the American Medical Association, and an Honorary Member of the Florida Medical Association. The members of the Nassau County Medical Society and Dr. Henry Hanson, State Health Officer, served as honorary pallbearers.

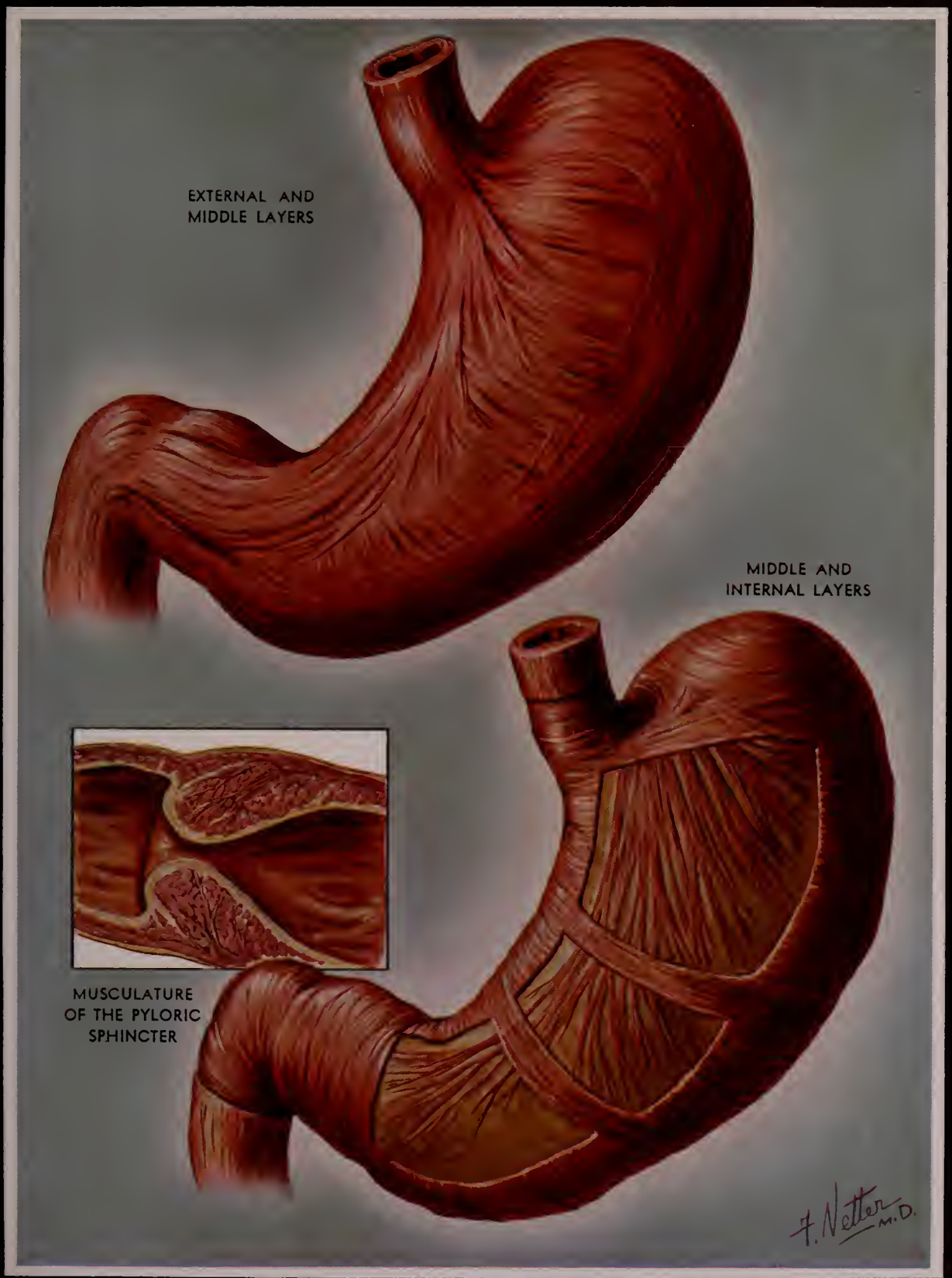
IRA FLOYD BEAN

Dr. I. F. Bean, who practiced medicine at Melbourne for thirty-two years, died in Jacksonville, Sunday, February 18. He had been critically ill for only a few days.

Dr. Bean was 59 years old. He was born at Indian Springs, W. Va., July 7, 1885. After graduating from Emory University in 1912, he came to Florida and began the practice of his profession, locating first at Ft. Pierce, and then moving to Melbourne. Over this period of years he took several postgraduate courses in northern universities. He was a member of the Brevard County Medical Society, the Florida Medical Association and the American Medical Association. He was a Mason, a member of the Shrine and of the Consistory.

He found relaxation in his large citrus grove, a short distance from the city. His large practice prevented him from participating in many sports, but he did like to hunt and each fall the opening of the hunting season found him in the woods in search of game.

Dr. Bean is survived by his wife, Grace Porter Bean of Melbourne; his mother, Mrs. Charles Bean; a brother, Lester Bean; and a sister, Mrs. Walter Peterson, all of Ft. Pierce. Pallbearers were selected from the Masonic Lodge, and honorary pallbearers were the members of the Brevard County Medical Society.



ANATOMY OF THE STOMACH... from the Portfolio, "Major Pathology of the Stomach"

Within a period of five years, Ciba has pioneered in publishing for the medical profession over 140 fine plates of normal and pathological anatomy such as the one illustrated. Many of this series are now out of print. Hence the most popular are being reprinted by request. And more new ones are projected. Such work is in accord with the Ciba tradition of research leading to development of new medical specialties.

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

TRIPLE ATTACK ON SMOOTH MUSCLE SPASM

TRASENTINE*-PHENOBARBITAL attacks spasm of the abdominal and pelvic viscera in three ways:



- **Direct local action on smooth muscle**
- **Indirect action by blocking motor impulses to spastic muscle**
- **Central nervous sedation . . . potentiating TRASENTINE'S spasmolytic power**

Clinically effective, TRASENTINE-PHENOBARBITAL has found widespread acceptance for the relief of spasm in the gastro-intestinal, biliary, and genito-urinary tracts. It is particularly effective in individuals suffering from hyperexcitability of the autonomic nervous system.

TRASENTINE-Phenobarbital

*Trade Mark Reg. U. S. Pat. Off.

a Ciba Product

Each tablet contains 20 mg. of TRASENTINE (hydrochloride of diphenylacetyldiethylaminoethanol) and 20 mg. (1/3 gr.) of PHENOBARBITAL.

Available in boxes of 40 and 100 tablets.

★

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED MONTREAL

Wyeth
REG. U. S. PAT. OFF.

CAROTENE SMACO

(PROVITAMIN A)

PREPARATIONS

For the Management of Vitamin A Deficiencies

CAROTENE

THE NATURAL SOURCE OF VITAMIN A ACTIVITY

Carotene is especially desirable in pregnancy for it has been shown that it is carotene, mainly, and not vitamin A, which is supplied to the fetus. "Vitamin A, in contrast to carotene, either is not transmitted or is poorly transmitted from the mother to the fetus."[1]

CAROTENE PRESCRIPTION PRODUCTS ARE PLEASANT TO TAKE



CAROTENE IN OIL

Vial: 50 cc. with dropper 7,500 units of vitamin A activity per Gm.
Dose: For infants and young children, ½ to 1 teaspoonful daily: supportive, 8 to 12 drops daily.
Also available in capsule form.

CAROTENE
with Vitamin D Concentrate in Oil

Vial: 50 cc. with dropper 7,500 units of vitamin A activity; 1,000 units of vitamin D per Gm.
Dose: For infants and young children, ½ to 1 teaspoonful daily; supportive, 8 to 12 drops daily.

AT PHARMACIES ONLY

[1]LUND C. J., and KIMBLE M. S.: Plasma Vitamin A and Carotene of the Newborn Infant, Am. J. Obst. and Gynec. 46: 207-221 (Aug.) 1943.

S. M. A. DIVISION • WYETH INCORPORATED • PHILADELPHIA 3, PA.

COMPONENT COUNTY SOCIETIES

ALACHUA

The regular meeting of this society was held at the Alachua County Hospital. Following the business session, Dr. Harry M. Merchant, president, introduced Dr. Kokomoor of the University of Florida, the guest essayist. Dr. Kokomoor took as his subject "What Becomes of the Wounded." This interesting paper included a discussion of the development and progress of the medical department of the Armed Forces from the viewpoint of the layman. Dr. Kokomoor expressed the opinion that the public is not sufficiently aware of the accomplishments of the medical services of the Armed Forces. The general discussion which followed the presentation of this paper was entered into by practically all members present.

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS
EXCLUSIVELY
All Premiums Come from Physicians, Surgeons, Dentists
All Claims Go to Physicians, Surgeons, Deintists

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management
$ 2,700,000.00 INVESTED ASSETS
$12,600,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
86c out of each $1.00 gross income used for members' benefit
Disability need not be incurred in line of duty—benefits from the beginning day of disability
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Building, OMAHA 2, NEBRASKA

BUY WAR BONDS

BREVARD

At the annual meeting of this society, the following officers were elected: president, Dr. A. F. Thomas, Cocoa; vice president, Dr. W. J. Creel, Eau Gallie; secretary-treasurer, Dr. I. K. Hicks, Melbourne.

DUVAL

The February meeting of this society was held Tuesday, the 6th, in the Seminole Hotel. Dr. J. M. Bryant, the president, presided. Mr. L. V. Chappell, chairman of the Duval County Chapter of the Red Cross, gave a short talk, and at his suggestion, two doctors were appointed to form a committee to solicit the members in the Red Cross drive.

Dr. Webster Merritt, chairman of the Program Committee, presented Dr. W. W. Rogers, City Health Officer, who gave an interesting presentation of some of the problems confronting the local Health Department. Dr. Rogers' paper was of unusual interest and it will be submitted to the editor of the Florida Medical Journal for publication.

During the business session a recommendation was considered to combine the offices of secretary and treasurer, which will require a change in the by-laws. The plan, if carried out, will provide for the employment of a person to keep the books of the society, as well as the minutes and records, and in fact, to do the general office work for all of the officers and members of the society. It was pointed out that by employing such a person from year to year, the records will be kept in order from one officer's stewardship to another.

After a general discussion, it was decided to defray the expenses of two outstanding invited guests to take part in the programs during the current year.

A number of routine items of business were acted upon in connection with the activities of the society.

MARION

The regular meeting of the Marion County Medical Society was held Wednesday, February 21, at 12:30 p.m. An interesting and instructive paper on "The Treatment of Typhus Fever" was presented by Dr. T. Hartley Davis. A lively discussion followed.

Results of the annual election of officers were as follows: president, Dr. C. W. Mimms; vice president, Dr. T. Hartley Davis; secretary-treasurer, Dr. B. F. Drake, re-elected.

Penicillin Upjohn

NOW AVAILABLE

THROUGH THE USUAL DRUG CHANNELS

YOUR DRUGGIST HAS A GOOD SUPPLY



Upjohn

KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

Eleven members were present: Drs. Davis, Drake, Dozier, Ferguson, Lindner, Mimms, Moore, Nettles, Peek, Scott and Watt.

MONROE

The newly elected officers of this society are Dr. H. C. Galey, president, and Dr. L. H. Conly, secretary-treasurer.

It is gratifying that this society now has a membership of eight. For a number of years the membership included but few doctors owing to the fact that there were not many located in the county.

Dr. W. G. Page of West Palm Beach recently moved to Key West, as did Dr. L. H. Conly and Dr. Nilo Pintado.

Dr. Julio J. dePoo, a member for many years, is temporarily in Havana, owing to illness. It is hoped that he will return to Key West before long.

Dr. Frederick Waas of Jacksonville, chairman of the State Association's Council, and Dr. E. M. Hendricks, Ft. Lauderdale, councilor for the Eighth District, as well as the officers of the Association, are pleased to find that the Monroe County Medical Society has increased its membership and is back on an active basis.

PASCO-HERNANDO-CITRUS

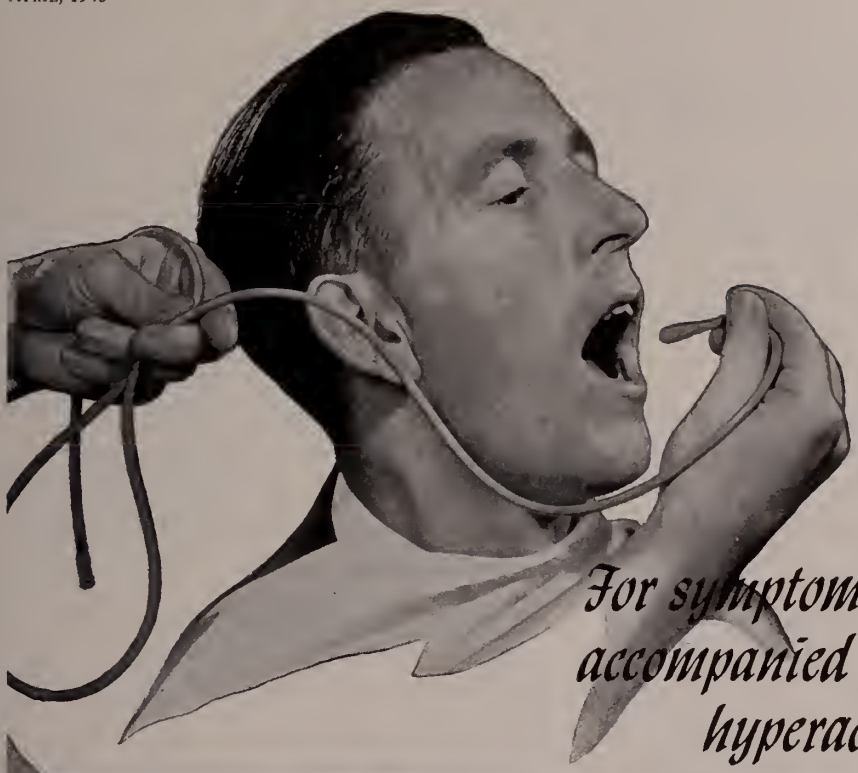
The regular meeting of this society was held at Magnolia Lodge, Crystal River, Thursday, February 15. Dr. W. B. Moon, president of the society and Senator from the Citrus-Hernando-district, entertained the members at a turkey dinner. A hearty vote of thanks was tendered Dr. Moon, as host.

It was decided to accept the Farm Security Group Health Plan for 1945.

The secretary was instructed to communicate with President Boling and advise him that this society deems it wise to call a meeting of the House of Delegates. There seemed, however, to be some doubt as to the possibility of holding a meeting of the House of Delegates as the ban on conventions limits attendance to 50. There are about 78 delegates in addition to 20 chairmen of state committees and other doctors who would make an appearance if the meeting was called.

Dr. W. H. Walters invited the society to meet with him in March.

In attendance were Drs. Claude L. Carter, G. R. Creekmore, W. Wardlaw Jones, S. C. Harvard, W. H. Walters, and W. B. Moon.



For symptoms caused or accompanied by gastric hyperacidity

Creamalin promptly reduces stomach hyperacidity by adsorption. The effect is persistent. It does not provoke a secondary rise in hydrochloric acid, such as is common after alkalies, nor does it disturb the acid-base balance of blood plasma.

•

. . . Relief is promptly secured and maintained with safety. Hence the very extensive application of this highly useful agent in the management of peptic ulcer and symptoms caused by gastric hyperacidity.

•

Supplied in

8 oz., 12 oz. and 1 pint bottles.

CREAMALIN

Reg. U. S. Pat. Off.

Brand of ALUMINUM HYDROXIDE GEL

NON-ALKALINE ANTACID THERAPY

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y. WINDSOR, ONT.

NIBESOL

★ ★ ★

Each capsule contains:

Thiamine	5 mg.
Riboflavin	3 mg.
Niacin	25 mg.
Ascorbic Acid . . .	33 mg.

Available on prescription in bottles of 100 and 500.

★ ★ ★

TABLEROCK LABORATORIES

Greenville, S. C.

PINELLAS

Refreshments and dinner were served at the regular meeting of this society, which was held at 6 p.m., March 2, at the Detroit Hotel. President A. J. Bieker presided and introduced 15 guests, most of whom honor the society by their regular attendance.

Dr. A. M. Feaster introduced the guest essayist, Dr. Gideon Timberlake, whose subject was "Pathological Phenomenon of Urinary Frequency." This paper was of unusual interest. Dr. Herbert W. Howard was invited to open the discussion, followed by Drs. Koenig, Woods, Needles, McConnell and Ziegler.

The regular monthly meetings of the Pinellas County Medical Society are always well attended, with an atmosphere of friendly good fellowship prevailing.

POLK

The Polk County Medical Society held its regular February meeting in the Masonic Hall at Bartow, Dr. T. H. Roberts, the president, presiding.

The guest speaker was Dr. H. L. Webber, physician and dentist, who recently retired after 42 years of service at the Central Hospital in the Cameroons, West Africa.

Dr. Webber related many of his experiences while serving at the hospital of which he was the founder. During his early years there the Cameroons were under German control. After the first World War the area in which his hospital was located came under French mandate.

PUTNAM

At the February meeting of this society, the following officers were elected: Dr. E. W. Ford, president, and Dr. B. E. Kane, secretary-treasurer.

TAYLOR

The Taylor County Medical Society has paid 100% of its State Association dues for 1945. Heading this society are Drs. W. J. Baker of Foley, president; R. J. Greene, Perry, vice president; and Charles A. O'Quinn, Perry, secretary-treasurer.

recent extensive investigation confirms contraceptive effectiveness of the active ingredient in Koromex Jelly

A most illuminating report based on extensive clinical and experimental data has recently been published by Eastman and Scott (Human Fertility, 9:33, (June) 1944.) These authors studied the safety and efficacy of phenylmercuric acetate which is the active constituent of Koromex Jelly.

1 Clinical evidence showed that in actual use, phenylmercuric acetate jelly had a remarkable record for contraceptive efficiency.

2 The earlier work of Baker, Ranson and Tynen (Lancet, 2:882, (October 15), 1938), showing a very high spermicidal potency, was confirmed.

3 Toxicity was found low.

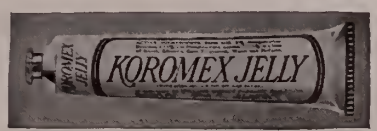
4 No evidence of irritability on the part of either the husband or wife.

In addition to the above qualities, Koromex Jelly, which also contains oxyquinoline benzoate and boric acid in a well buffered glycerine gum base, has the properties of adhering firmly to the vaginal lining and mixing readily with the vaginal secretions. It has optimum spreading qualities. Its pH of 4.6 is constantly maintained even in the presence of the buffering action of the protein seminal fluid.

Koromex Jelly does not stain. Is not excessively lubricating, and is well tolerated. Because of these qualities you can assuredly — prescribe Koromex *with confidence.*

Write for Literature.

Holland-Rantos Company, Inc. · 551 Fifth Ave. · New York 17, N. Y.



prescribe Koromex *with confidence*

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. W. C. Williams, President.....*West Palm Beach*
Mrs. P. J. Manson, First Vice President.....*Miami*
Mrs. J. E. Maines, Second Vice President....*Gainesville*
Mrs. C. D. Rollins, Secy.-Treas.....*Jacksonville*
Mrs. Leigh F. Robinson, Historian.....*Ft. Lauderdale*
Mrs. F. W. Krueger, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

Mrs S. M. Copeland, Press & Publicity.....*Jacksonville*
Mrs. Rupert Stovall, Public Relations..*Ft. Lauderdale*
Mrs. C. H. Murphy, Finance.....*Bartow*
Mrs. Charles F. Henley, Legislation.....*Jacksonville*
Mrs. George C. Tillman, Student Loan....*Gainesville*
Mrs. W. J. Barge, Archives.....*Miami*
Mrs. H. A. Leavitt, Exhibit.....*Miami*
Mrs. Gordon H. Ira, Hygeia.....*Jacksonville*
Mrs. C. E. Royce, Bulletin.....*Clifton*
Mrs. P. J. Manson, Program.....*Miami*
Mrs. J. E. Maines, Organization.....*Gainesville*

DISTRICT CHAIRMEN

Mrs. T. C. Kenaston, General Chairman.....*Cocoa*
Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"..*Ft. Lauderdale*

CONVENTION CANCELED

The Woman's Auxiliary to the Florida Medical Association in conforming with the action taken by the Florida Medical Association, has canceled the annual convention meeting which was to be held in Jacksonville on April 12 and 13, 1945.

In accordance with our constitution and by-laws, Article IV, Sec. 1, the present officers and committee chairmen will continue in their respective offices for the year 1945-46.

Let us cooperate with the Florida Medical Association to the best of our ability, and continue with our defense activities until we have won the peace.

With my personal best wishes and appreciation, I am,

Sincerely yours,
Ethel S. Williams, Pres.

SPRING BOARD MEETING

The spring Board meeting of the Woman's Auxiliary to the Florida Medical Association was held in the home of Mrs. F. W. Krueger, 1055 Arbor Lane, South Jacksonville, on Monday, February 19, with the president, Mrs. W. C. Williams of West Palm Beach, presiding.

Resolutions on the student loan fund were read and adopted. Mrs. Williams announced that a plan to cooperate with the State Medical Association in selling advertising space in the Medical Directory had met with the approval of all county auxiliaries and would become an annual project for raising funds for the scholarship loan fund.

A program for "Doctors' Day," April 30, was accepted. Dr. John Gorrie, who first discovered the process of manufacturing ice in 1855, will be honored this year.

Mrs. Williams stated that in accordance with the constitution and by-laws, the present officers and committee chairmen will continue in their respective offices for the year 1945-46, owing to the cancellation of the annual convention.

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting April 23, May 7, and every two weeks during the year.
One Week Course Surgery of Colon & Rectum April 16, June 11, and September 10.

GYNECOLOGY—Two Weeks Intensive Course April 23, June 18.
One Week Personal Course Vaginal Approach to Pelvic Surgery May 21, July 9.

OBSTETRICS—Two Weeks Intensive Course April 9, June 4.

ANESTHESIA—Two Weeks Course Regional, Intravenous & Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

ELECTROCARDIOGRAPHY & HEART DISEASE —One Month Course starting May 7.
Two Weeks Intensive Course starting August 6.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore St., Chicago 12, Illinois

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 **Phone 52101**
MIAMI, FLORIDA **MIAMI BEACH, FLA.**

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

Clinical Evidence

INDICATES THAT...

"Marked or complete relief of symptoms" occurred in 73 menopausal patients treated with Benzestrol.

JAEGER, A. S.
Jl. Indiana State Med. Soc. 37; 117, 1944

"The very low incidence of side reactions, particularly of nausea, is of clinical importance." These patients were given Benzestrol by mouth.

ROBERTS, H. K. et al.
J.A.M.A. 123:261: 1943

Schieffelin BENZESTROL

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

Formerly called by the trade name OCTOFOLLIN

...merits confidence as a synthetic estrogenic agent of high potency and low toxicity. **Schieffelin Benzestrol** is recommended in all conditions in which natural estrogenic hormones are ordinarily indicated.

Schieffelin Benzestrol is available in tablets of 0.5, 1.0, 2.0 and 5.0 mg.; in solution in 10cc. vials 5 mg. per cc.; and vaginal tablets of 0.5 mg. strength.

Literature and Sample on Request

Schieffelin & Co.

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N. Y.



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524

Dr. M. J. L. Hoye, Supt.

Fellow of the American Psychiatric Association

The Brown School

San Marcos, Texas

FOR EXCEPTIONAL CHILDREN

Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book

Bert P. Brown,
Director
Box 177
San Marcos, Texas

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	45	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. A. Meriwether M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
	Jackson *Calhoun	C. D. Whitaker, M.D. Burton Bld., Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	1	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
B	Columbia *Baker, Hamilton	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	L. L. Dozier, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	10	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	3	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
	Alachua *Bradford, Gilchrist, Union	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	26	21	
	Duval *Clay	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 2	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	189	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Marion *Levy	Robbins Nettles, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	1	
	Putnam	Bernard E. Kane, M.D. Crescent City	Edward W. Ford, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	8	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	13	5	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	10	7	
	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	18	7	B-4-46 C. McK. Tyre, M.D. Eustis
	Orange *Osceola	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wedensday 8:00 P.M.	96	100%	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	5	
	Volusia *Flagler	T. H. Dillard, M.D. DeLand	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	41	23	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	111	100	
	Manatee	S. G. Hollingsworth, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	12	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	Arthur J. Bieker, M.D. 627 11th St. N. St. Petersburg 6	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	111	100%	
	Sarasota	O. H. Cribbins, M.D. 138 N. Link Sarasota	J. E. Harris, M.D. 224 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	19	8	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Annually for Duration	20	100%	
	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	62	31	
D	Palm Beach	R. H. Baldwin, M.D. 722 Comeau Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	68	100%	
	St. Lucie-Okeechobee-Indian River-Martin	M. D. Council, M.D. Box 607 Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	6	D-7-45 William Y. Sayad, M.D. West Palm Beach
	Broward	Roland F. Fisher, M.D. 1215 S. E. 2nd Ave. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	48	100%	
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	349	243	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Julio J. DePoo, M.D. 419 Eaton St., Key West	1st Sunday 9:00 P.M.	8	6	

6 points of Preference

PRIODAX

1. is not a phenolphthalein derivative.
2. is well tolerated . . . less likely to produce gastro-intestinal disorders such as nausea, vomiting and diarrhea.
3. is simple to administer . . . a single dose of six tablets is sufficient.
4. produces clear, dependable cholecystograms . . . contains 51.5 per cent of iodine, sufficient to produce adequate shadow density.
5. avoids the possibility of confusing intestinal shadows because it is rapidly absorbed from the small intestine . . . little, if any, reaching the colon.
6. does not require a complicated dietary regimen.



the *six tablet* contrast medium for

CHOLECYSTOGRAPHY

PRIODAX*, beta-(4-hydroxy-3, 5-diiodophenyl)-alpha-phenyl-propionic acid, is available in envelopes of six tablets, in boxes of 1, 5, 25 and 100 envelopes.

SCHERING CORPORATION

Bloomfield, New Jersey

*Trade-Mark Reg. U.S. Pat. Off.

COPYRIGHT 1945 BY SCHERING CORPORATION

$34,000.00
IN WAR BONDS AS PRIZES

For the best art works memorializing the medical profession's

"Courage and Devotion Beyond the Call of Duty"

(In War and in Peace)

42 PRIZES

21 OF THE 42 PRIZES ARE RESERVED FOR MEDICAL OFFICERS OF THE ARMED FORCES. THE OTHER 21 PRIZES ARE FOR CIVILIAN PHYSICIANS

The American Physicians Art Association, through the cooperation of Mead Johnson & Company, announces the following Prize Contest:

1. **SUBJECT:** "Courage and Devotion Beyond the Call of Duty" — on the part of members of the medical profession — in military or civilian practice. Any contestant may portray either the military or civilian aspect of the subject (or both, if shown in one piece).

2. **MEDIA:** The physician-artist's choice of one of the following:

 1. PAINTING in oil or egg tempera.
 2. WATER COLOR, transparent or opaque.
 3. SCULPTURE in any medium.
 4. DRAWING in any medium.
 5. PRINTS, including etching, engraving, lithography, wood block and linoleum block (on paper or cloth).
 6. PHOTOGRAPHY, including bromoil, tinted and kodachrome, as well as photo-montage.

 SUGGESTIONS: COMPLETE SKETCHES FOR MURAL DECORATIONS: In oil, egg tempera or water color drawing; PHOTO MURAL; BAS RELIEF SCULPTURE: are all eligible.

3. **ELIGIBILITY** — See Footnote ★

4. **DEFINITION** — See Footnote ★

5. **PRIZES: Forty-two prizes, divided amongst the two groups of physicians:**

To medical officers:	To civilian physicians:
1 $2,000 War Bond (E or F series)	1 $2,000 War Bond (E or F series)
10 $1,000 War Bonds (E or F series)	10 $1,000 War Bonds (E or F series)
10 $ 500 War Bonds (E or F series)	10 $ 500 War Bonds (E or F series)

No physician may submit more than one piece nor win more than one of the 42 prizes. No physician is eligible for a prize unless he also submits for exhibition at either the 1945 or the 1946 annual exhibition of the A.P.A.A. at least one other original work (not previously exhibited at an A.P.A.A. Exhibition) in any medium, on any subject of his own choice. Prizes will be awarded on a basis of conception and execution, irrespective of medium employed.

6. **JUDGES** — See Footnote ★

7. **EXPIRATION DATE** — See Footnote ★

8. **PURPOSE OF THE COMPETITION:** To memorialize the heroism and devotion of the medical profession in war and peace. All exhibitors (including prize-winners) shall retain ownership of their pieces. It is understood, however, that the A.P.A.A. shall have reproduction rights and also the privilege, for a period of three years after the close of the contest, of displaying prize-winning objects, at art museums, libraries, county medical societies, medical schools, hospitals, and similar institutions for the purpose of enhancing the public's estimate of the medical profession. The Association shall also have the right to offer institutions such as those mentioned above, the privilege of copying any of the prize-winning objects for use as murals, cornerstones, friezes, architectural designs, etc. — for the purpose of memorializing the medical profession's importance in war and in peace.

★ **FURTHER INFORMATION** available on request of the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Ind., U.S.A.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI MAY, 1945 No. 11

THE N.Y. ACADEMY OF MEDICINE
MAY 21 1945
LIBRARY

IN THIS ISSUE

Gallbladder Disease as Related to Anatomic And Physiologic Abnormalities
Elmer B. Campbell

History of Medicine in Duval County
Webster Merritt

"Hell's A Poppin' "
An Editorial

Graduate Short Course
T. Z. Cason

(Complete Table of Contents Page 500)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

The *Effectiveness* of ANTISYPHILITIC THERAPY

depends

not on disappearance of spirochetes alone



nor merely

the reversal of positive Wassermann reaction



but on

whether the treatment is such that within the shortest possible time the patient receives maximum protection against relapse and the infection of others.



PEOPLE who feel well balk at the idea of taking weekly injections, particularly if the injections are painful or make them feel ill. Therefore, once the early signs of syphilis disappear, many patients become indifferent to treatment. A recent survey shows that:

only 1 out of 4 clinic patients with early syphilis, undergoing the standard 70-week course, continues treatment long enough to receive minimal protection against infectious relapse.

A realistic approach to the problem is provided by the use of Mapharsen, a rapidly administered arsenical that minimizes the discomfort of injections; one which is well tolerated by the patient; and one which gives a high degree of protection in a short period of time. Consideration of these factors increases the possibility of securing sufficient cooperation on the part of the patient to insure the continuance of therapy beyond the point where relapse or the infection of others is possible.



Whatever method you choose, use

MAPHARSEN

Meta-amino-para-hydroxyphenylarsine oxide (arsenoxide) hydrochloride

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

Gallbladder Disease as Related to Anatomic and Physiologic Abnormalities, Elmer B. Campbell, M.D., St. Petersburg 521

A History of Medicine in Duval County; Part IV, Webster Merritt, M.D., Jacksonville 523

Abstracts of Medical Articles 528

Editorials: "Hell's A Poppin'"; Florida's First County Medical Society Observes Its 92nd Birthday; Graduate Short Course 530

From My Point of View 532

Authorized Badge for Medical Personnel in Combat 535

Nationwide Cancer Program 535

State News Items 535

Births and Deaths 535

Component Society Notes 540

Woman's Auxiliary 546

Books Received 546

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

Write P. O. Box 106 or Telephone 524
Dr. M. J. L. Hoye, Supt.
Fellow of the American Psychiatric Association



When patients are subjected "to some physiologic strain, a febrile illness, hyperthyroidism, a period of unusual exertion, an attack of diarrhea, an operation, or perhaps mere curtailment of food intake, then nutritive failure is precipitated and evidences of ill health appear."[1]

Vitamin reserves may be too meager to withstand increased metabolism or decreased ingestion. One way to spare patients the added debilitating effects of nutritive failure is to prescribe Upjohn vitamin preparations.

UPJOHN VITAMINS

ARMY (E) NAVY

Upjohn

KALAMAZOO 99, MICHIGAN

1. Bull. N. Y. Acad. Med. 18:497 (Aug.) 1942.

DO MORE THAN BEFORE — KEEP ON BUYING WAR BONDS



Accent on *Velvet Smoothness*

The process used in manufacturing the "RAMSES"* Flexible Cushioned Diaphragm produces a dome which is soft and pliable and can best be described as being as smooth as velvet.

This velvet-smoothness lessens the possibility of irritation during use.

The "RAMSES" Flexible Cushioned Diaphragm is manufactured in sizes of 50 to 95 millimeters in gradations of 5 millimeters. It is available on the order or prescription of the physician through any recognized pharmacy.



ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Ramses
TRADE MARK REG U S PAT OFF.

FLEXIBLE CUSHIONED
DIAPHRAGM

*The word "RAMSES" is the registered trademark of Julius Schmid, Inc.

Gynecological Division

JULIUS SCHMID, INC.

Established 1883

423 West 55th Street New York 19, N. Y.

A MARK OF Ramses DEPENDABILITY
REG U.S. PAT OFF.

The Matrix of the Body

Of the amazing array of chemical elements and compounds present in the body, one constituent substance is found in every cell, every tissue, every secretion: protein. Though basically similar, it differs in its composition from tissue to tissue, from cell species to species.

Subject to the laws of supply and demand, it spends itself in growth, in wear and tear, and in metabolic maintenance. To regenerate itself, it has only one source of the materials needed—the proteins contained in the foods eaten.

Among the protein foods of man meat ranks high—not only because of the percentage of protein contained, but principally because the protein of meat is of high biologic quality—able to satisfy every protein need.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



For the diabetic who *cannot add*

Diabetics who have difficulty in mixing different types of insulins in order to obtain continuous control of their diabetes find 'Wellcome' Globin Insulin with Zinc most convenient. One daily injection given an hour before breakfast will control most mild, moderate and many severe cases of diabetes. Action begins promptly, is sustained during the day, and diminishes during the night — thus minimizing the likelihood of nocturnal insulin reactions.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its relative freedom from allergenic properties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

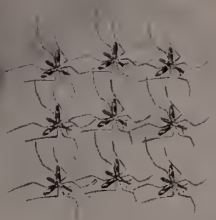
'WELLCOME'
GLOBIN INSULIN
WITH ZINC

Literature on request

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.

MEROZOITES OF PL. VIVAX

THE DRUG OF CHOICE FOR MALARIA



Newer clinical evidence based on controlled quantitative studies by civilian as well as Army and Navy investigators has established ATABRINE DIHYDROCHLORIDE as the drug of choice for the prevention and treatment of malaria.

Effective suppression of malaria can be accomplished over long periods of time by the proper use of ATABRINE.

In the termination of the acute attack in all forms of malaria, ATABRINE is fully as effective as quinine and is safer than quinine.

In the therapy of falciparum (malignant) malaria, ATABRINE is definitely superior in effectiveness to quinine.

ATABRINE DIHYDROCHLORIDE

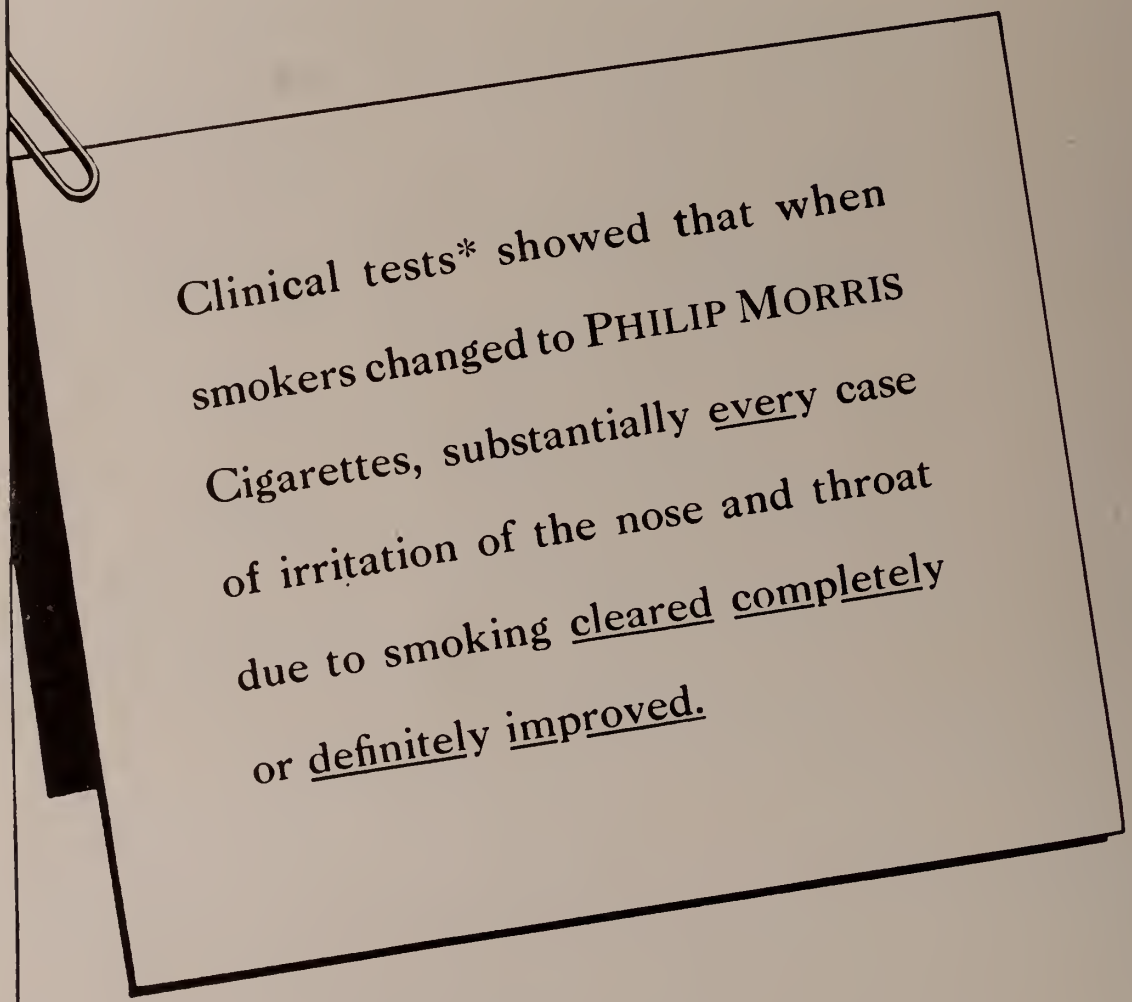
REG. U.S. PAT. OFF. & CANADA BRAND OF QUINACRINE HYDROCHLORIDE

. *Synthesized in our laboratories*

WINTHROP CHEMICAL COMPANY, INC.

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN • NEW YORK 13, N.Y. • WINDSOR, ONT.

29 WORDS
tell the story...



*Laryngoscope, Feb. 1935, Vol. XLV, No. 2—149-154.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



ILLUSTRATION BY ARTHUR SARNOFF

DOCTOR MOORE WILL MAKE IT WELL

It didn't take Mary long to decide what to do when Jimmy fell from his coaster wagon. A bruised knee, a frightened, crying child caused her no alarm. Whenever anything went wrong at Mary's house it was always Doctor Moore who was called. Somehow or other he always had the solution to the problem. How fortunate, then, that Jimmy's accident occurred near Doctor Moore's office. And how natural that her first thought should be of him. Hers was a confidence born of experience.

Doctors, too, must have confidence at times. They can't maintain control laboratories to test the thousands of medicinal agents available to them. It is infrequent, indeed, that they are in position to operate clinics for actual trial. Few doctors can also function as chemists, biologists, botanists, and pharmacologists. For the service which these scientists render, the physician must depend on the large producers of medicinal agents.

Eli Lilly and Company likes to feel that it renders to physicians a service unexcelled in its field. It likes to feel, also, that physicians everywhere have the same confidence in the Lilly Label that little Mary has in Doctor Moore.

Lilly



SPECIFIC *Therapy*

In order to maintain health, pernicious anemia patients must receive adequate medication at regular intervals. Early in the field of liver extract production, Eli Lilly and Company continues to make available to the medical profession crude and purified liver extracts for intramuscular injection.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

THE TUCKER HOSPITAL, *Incorporated*

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

Menopause Symptoms • Senile Vaginitis • Pruritus Vulvae

Effective Relief with

Schieffelin BENZESTROL

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

• Clinical reports agree that Schieffelin Benzestrol satisfactorily alleviates not only menopausal vasomotor reactions but also other associated climacteric symptoms, such as headaches, joint pains, nervousness and fatigability.

Dose: Oral 2 to 3 mg. daily.

Intramuscular ½ to 1 cc. every 4 to 7 days.

• Schieffelin Benzestrol is used in relieving symptoms of senile vaginitis and associated pruritus vulvae by converting the atrophic epithelium to the adult functional type. For localized therapy in this condition Schieffelin Benzestrol is available as an ellipsoid tablet for vaginal insertion.

Dose: 1 or 2 vaginal tablets inserted daily.

Literature and samples on request.

Schieffelin & Co.

Pharmaceutical and Research Laboratories

20 COOPER SQUARE • NEW YORK 3, N.Y.



"you certainly 'measure-up', young lady"

The physician prescribing Biolac is certain of this... the nutrition of his Biolac Babies "measures-up" to optimum standards.

For Biolac (supplemented with vitamin C) is a *complete* infant formula. Adequate vitamins A, B_1, B_2 and D, as well as iron and carbohydrate eliminate calculating extra formula ingredients. The high-protein level of Biolac provides for normal growth and optimum health. Because of the scientifically adjusted milk-fat content, Biolac is readily assimilated—with a minimum of fat upsets. Small, soft curds and ample lactose assure ease of digestion and a natural stool closely resembling that from human milk.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE · · NEW YORK 17, N. Y.

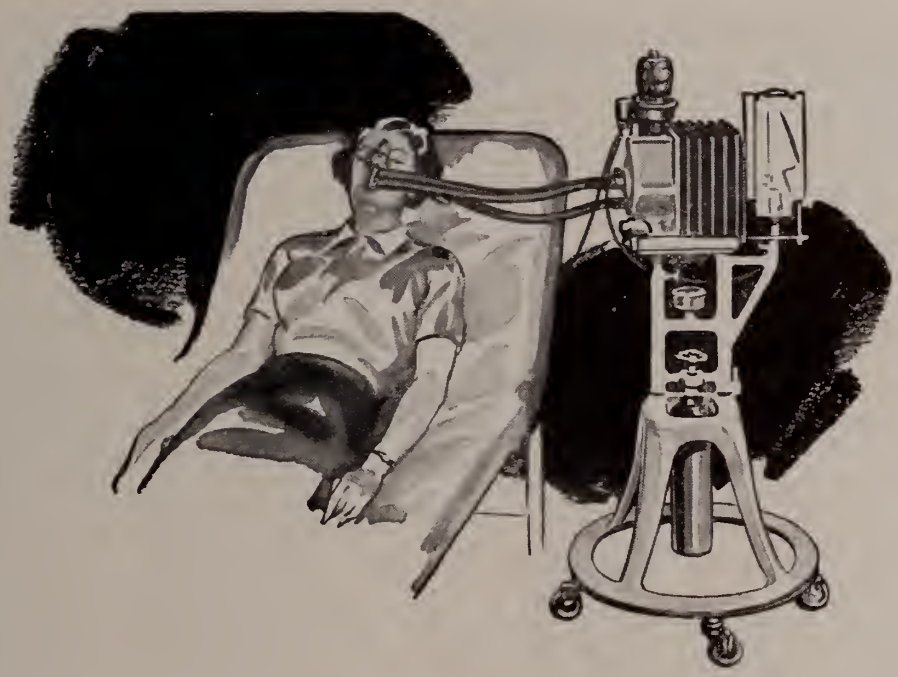


Easily calculated... quickly prepared. 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.

Biolac is a liquid modified milk, prepared from whole and skim milks, with added lactose, and fortified with vitamin B_1, concentrate of vitamins A and D from cod liver oil, and ferrous citrate. Evaporated, homogenized and sterilized. Vitamin C supplementation only is necessary. Available in 13 fl. oz. cans at all drug stores.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods and Nutrition

Biolac—"BABY TALK" FOR A GOOD SQUARE MEAL



In Hyperthyreosis, too

The symptom complex of increased appetite, exaggerated psychomotor tension, hyperhidrosis, and loss of weight, in addition to spelling thyrotoxicosis, also reflects the intense metabolic activity characteristic of this condition. Utilization of nutrients may be 50 per cent above normal.

Whether therapy be conservative or surgical, metabolic deficits must be eradicated and some of the consumed body tissue restored. To this end the intake of virtually all essential nutrients must be doubled. If surgery is contemplated, nutritional preparation ranks in importance with iodine preparation for a successful outcome.

Ovaltine can be a valuable component of the high-caloric, high-vitamin diet required in hyperthyreosis. This delicious food drink, made with milk, not only increases the caloric intake appreciably, but also significantly augments the intake of complete proteins and of vitamins and minerals, all of which are required in added amounts.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	31.2 Gm.	VITAMIN A	2953 I.U.
CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1.104 Gm.	RIBOFLAVIN	1.278 mg.
PHOSPHORUS	.903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER	.5 mg.

*Based on average reported values for milk.

Now you can Specify—

PENICILLIN SCHENLEY



Now that the brand of penicillin you use is a matter of personal choice, no doubt an important factor in making your selection will be the high standards of control maintained in its production.

At the Schenley Laboratories, an extraordinarily comprehensive program of safeguards and control insures a high degree of pyrogen-freedom and potency in PENICILLIN-SCHENLEY. This rigid control is assurance that you can specify PENICILLIN-SCHENLEY with confidence... that you are requesting a product of high excellence.

SCHENLEY LABORATORIES, INC.

Producers of **PENICILLIN** SCHENLEY • Executive Offices: 350 Fifth Avenue, New York 1, N. Y.

Your Local Distributor for **PENICILLIN SCHENLEY** is:

JACKSONVILLE— Surgical Supply Co.
Byron Thompson & Co., Inc.

ORLANDO—Byron Thompson

MIAMI—Medical Supply Co.
Surgical Supply Co.

TAMPA—Surgical Supply Co.

TRIPLE ATTACK ON SMOOTH MUSCLE SPASM

TRASENTINE*-PHENOBARBITAL attacks spasm of the abdominal and pelvic viscera in three ways:



- **Direct local action on smooth muscle**



- **Indirect action by blocking motor impulses to spastic muscle**



- **Central nervous sedation . . . potentiating TRASENTINE'S spasmolytic power**

Clinically effective, TRASENTINE-PHENOBARBITAL has found widespread acceptance for the relief of spasm in the gastro-intestinal, biliary, and genito-urinary tracts. It is particularly effective in individuals suffering from hyperexcitability of the autonomic nervous system.

TRASENTINE-Phenobarbital

*Trade Mark Reg. U. S. Pat. Off.

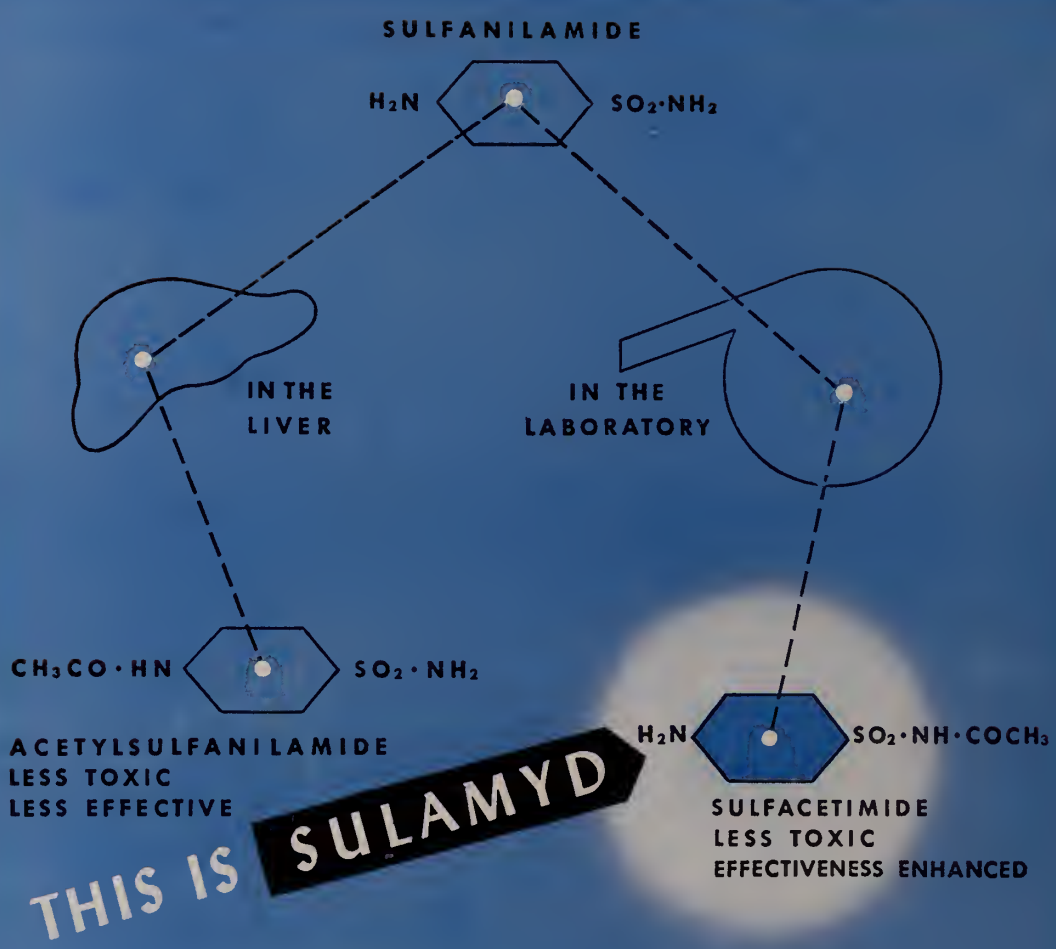
a Ciba Product

Each tablet contains 20 mg. of TRASENTINE (hydrochloride of diphenylacetyldiethylaminoethanol) and 20 mg. (1/3 gr.) of PHENOBARBITAL.

Available in boxes of 40 and 100 tablets.

★

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED MONTREAL



Acetylization of sulfanilamide in the preparation of SULAMYD (Sulfacetimide-Schering) differs essentially from that occurring within the liver and results not only in a compound of lower toxicity, but one of enhanced therapeutic effectiveness.

SULAMYD is a readily absorbed, easily excreted, rapidly acting bacteriostatic drug for the treatment of urinary tract infections, especially those due to B. coli, the organism which is most frequently responsible.

SULAMYD is available in tablets of 0.5 Gm. (7.7 grains); in bottles of 100 and 1,000; and as a powder in bottles of 5.0 Gm. for the preparation of laboratory standards.

SCHERING

SCHERING CORPORATION · BLOOMFIELD, NEW JERSEY

Trade-Mark SULAMYD Reg. U. S. Pat. Off.

Copyright 1945 by Schering Corporation

Combat Team

They're armed with tourniquets and plasma instead of guns and grenades. • They're the combat team of medical science—the medical officer and the aid men—and they're fighting men, through and through. • It isn't a showy fighting job—just hard, dangerous work that goes on even when the guns are quiet. So often, rest for the men of medicine is limited to a few moments of relaxation with a friendly cigarette. More than likely it's a Camel cigarette; for Camels, with their mildness and full, round flavor, are such a big favorite with fighting men in *all* the services.





R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

CAMELS
Costlier Tobaccos



LIVER INJECTION U. S. P.

Favorable hematopoietic response is observed with parenteral use of this sterile, purified, clinically-assayed liver solution. CHEPLIN LIVER INJECTION gives the degree of reticulocyte response and erythrocytic maturation desired in treating pernicious anemia in relapse. Also supplied for maintenance of restored blood levels in pernicious anemia and in treatment of certain other macrocytic anemias. *Literature on request.*

LIVER INJECTION U.S.P. supplied in:

2.5 U.S.P. injectable units per cc. in 2 cc. ampules, 10 cc. and 30 cc. vials.

10 U.S.P. injectable units per cc. in 5 cc., 10 cc. and 30 cc. vials.

CHEPLIN
LABORATORIES INC.

SYRACUSE I, NEW YORK

Wyeth

REG. U. S. PAT. OFF

HOW MANY COPIES *shall we send you?*



Explaining the importance of a regular bowel habit time to your patients—and how to establish it—may take more time than your war-busy days permit.

Let the concise treatise "Habit Time" save you that needless trouble. This dignified brochure explains simply and clearly how the patient can best supplement your special instructions to re-establish regular bowel habits. Colorfully illustrated, the booklet helps to secure patient cooperation.

Petrogalar

REG. U. S. PAT. OFF.

An oqueous suspension of pure minerol oil each 100 cc. of which contoins 65 cc. pure minerol oil in on aqueous jelly.

Helps Establish "Habit Time"

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

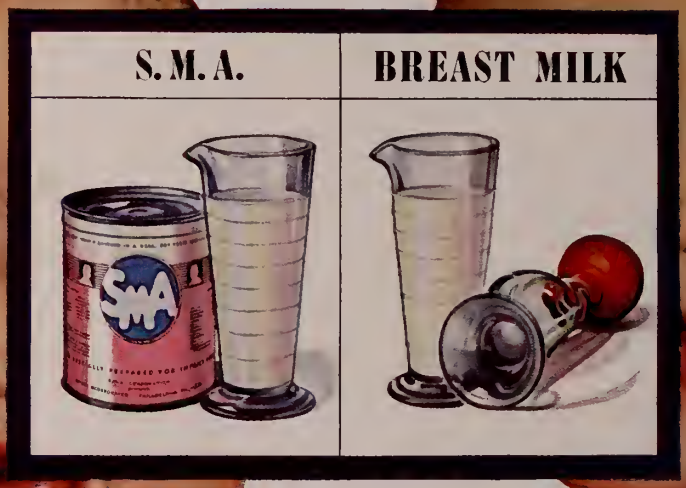
Petrogalar is supplied in bottles of 16 fluidounces. Also Special Hospital Dispensing Unit for hospital use only.



SIMPLY JOT DOWN **"Habit Time"** AND NUMBER OF COPIES REQUIRED ON YOUR PRESCRIPTION BLANK AND SEND TO US.

Wyeth
REG. U. S. PAT. OFF.

Twins...



S. M. A.* *is so like mother's milk that they might be called "Twins"*

ACCEPTED AMERICAN MEDICAL ASSN

S. M. A. contains the same proportion of proteins, fats, carbohydrates and minerals as human milk, but its food constituents, chemically and physically, so closely resemble those in human milk that S. M. A.-fed infants have a nutritional history almost indistinguishable from that of breast-fed infants.

S. M. A. provides for all of the normal infant's nutritional requirements except vitamin C. • Orange juice is the only supplement needed.

S. M. A. is derived from the milk of tuberculin-tested cows, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with milk sugar and potassium chloride added, altogether forming an antirachitic food. When diluted according to directions S. M. A. is essentially similar to human milk in percentages of protein, fat, carbohydrate, ash, in chemical constants of fat and physical properties.

*REG. U. S. PAT. OFF.

S. M. A. DIVISION • WYETH INCORPORATED • PHILADELPHIA 3 • PENNA.

SMA

One to One

Mothers Simply Add One Measure of Powder to one ounce of warm (previously boiled) water.



LET'S GET THE ADMIRAL HIS HORSE!



Official U. S. Navy Photo

Admiral Halsey has his eye on a fine white horse called Shirayuki.

Some time ago, at a press conference, he expressed the hope that one day soon he could ride it.

The chap *now* in Shirayuki's saddle is Japan's Emperor—Hirohito.

He is the ruler of as arrogant, treacherous, and vicious a bunch of would-be despots as this earth has ever seen.

The kind of arrogance shown by Tojo—who was going to dictate peace from the White House . . . remember?

Well, it's high time we finished this whole business. High time we got the Emperor off his high horse, and gave Admiral Halsey his ride.

The best way for us at home to have a hand in this clean-up is to support the 7th War Loan.

It's the biggest loan yet. It's two loans in one. Last year, by this time, you had been asked twice to buy extra bonds.

Your personal quota is big—bigger than ever before. So big you may feel you can't afford it.

But we *can* afford it—if American sons, brothers, husbands can cheerfully afford to die.

ALL OUT FOR THE MIGHTY 7th WAR LOAN

FLORIDA MEDICAL ASSOCIATION

This is an official U.S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council



WE ARE PLEASED TO

Announce our Appointment

as Distributors of

PENICILLIN SCHENLEY

Byron Thompson & Company, Inc.

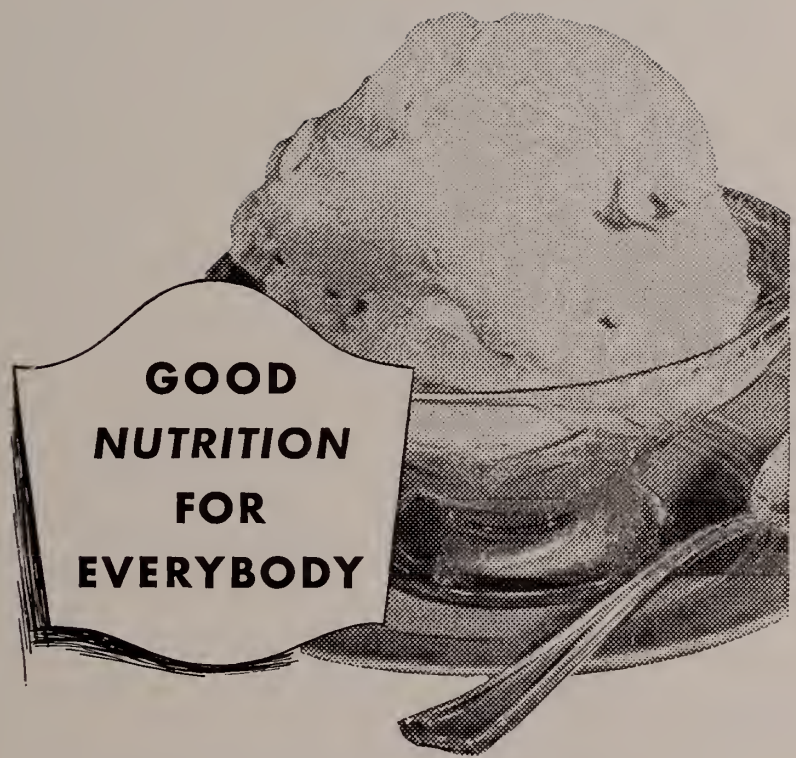
HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

In line with our established policy of distributing the finest of biological and pharmaceutical products, we are proud to announce the addition of

PENICILLIN SCHENLEY

to our list



Sealtest Ice Cream is more than a taste-treat. It's an important food included in one of the government's Seven Basic Food groups.

Sealtest Ice Cream is rich in Vitamin A and calcium, at the same time supplying all of the other milk vitamins, minerals and protein . . . elements that contribute to our health, energy and vitality.

Southern Dairies

Sealtest
ICE CREAM

NATIONAL DAIRY PRODUCTS CORP. Sealtest

Division of National Dairy Products Corporation



Patient of thin type of build — skeleton indrawn

ANATOMICAL SUPPORT
for faulty
BODY MECHANICS

In conditions of faulty body mechanics, the nonuse of the abdominal muscles allows the pelvis to rotate downward and forward, bringing the sacrum up and back. There results an increased forward lumbar curve with the articular facets of the lumbar spine crowded together in the back. The dorsal spine curves backward with compression of the dorsal intervertebral discs and the cervical spine curves forward with the articular facets in this region closer together. Therefore, chronic strain of the muscles, ligaments and joints of the spine and pelvis occurs.

Camp Anatomical Supports have an adjustment by means of which their lower sections can be evenly and accurately brought about the major portion of the bony pelvis. When the pelvis is thus steadied, the patient can contract the abdominal muscles with ease and then with slight movement straighten the upper back.

Relieving back strain and fatigue, due to faulty body mechanics is a feature of the Camp Support illustrated, and other types for Prenatal, Postnatal, Postoperative, Pendulous Abdomen, Visceroptosis, Nephroptosis, Hernia and Orthopedic conditions.

CAMP

ANATOMICAL SUPPORTS

•

S. H. CAMP & COMPANY
Jackson, Michigan

World's Largest Manufacturers of Scientific Supports
Offices in CHICAGO • NEW YORK
WINDSOR, ONTARIO • LONDON, ENGLAND



Each week baby's weight goes up

He gains well and is happy on a Dexin-rich formula. The high dextrin content of 'Dexin' provides a relatively low fermentable form of carbohydrate so that weight-losing distention, colic and diarrhea are minimized. Milk curds are made soft, flocculent and easily digested.

Mother, with a well baby, has more time for herself, since Dexin is so easy to prepare — being readily soluble in either hot or cold milk.

'Dexin' Registered Trademark

Literature on request

'Dexin' does make a difference

COMPOSITION

Dextrins	75%
Maltose	24%
Mineral Ash	0.25%
Moisture	0.75%

Available carbohydrate 99%
115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce
Containers of 12 oz. and 3 lbs.

ACCEPTED AMERICAN MEDICAL ASSN.

'DEXIN'

HIGH DEXTRIN CARBOHYDRATE

Burroughs Wellcome & Co. (U. S. A.) Inc., 9-11 East 41st Street, New York 17, N. Y.

Lilly blood processing

PASSES

Two Million Mark



AN OCCASION of major proportions was observed early in February when Eli Lilly and Company completed processing into plasma the two millionth pint of blood. Blood comes to the Lilly Laboratories from Red Cross donor centers in Atlanta, Chicago, Cincinnati, Columbus, Indianapolis, Louisville, Milwaukee, and St. Louis. Mobile bleeding units operate out of all these centers to accommodate donors in the smaller surrounding cities and towns. Blood is sent from donor centers daily in insulated refrigerator boxes and reaches the processing plant by overnight express.

Plasma is employed to combat shock which so often accompanies battle injuries. Various substitute fluids have been suggested from time to time, but human plasma is most satisfactory. Dried plasma has the advantages of completeness from the physiological standpoint, stability, ease of transportation in large quantities, and rapidity with which the solution can be prepared. Every package of blood plasma processed by Eli Lilly and Company is supplied to the Government at exact cost of production. Plasma prepared by this Company is not available for civilian needs. Eli Lilly and Company, Indianapolis 6, Indiana, U. S. A.

Lilly

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI | Jacksonville, Florida, May, 1945 | No. 11

GALLBLADDER DISEASE AS RELATED TO ANATOMIC AND PHYSIOLOGIC ABNORMALITIES

ELMER B. CAMPBELL, M.D.
ST. PETERSBURG

Anatomic and physiologic abnormalities in the region of the gallbladder are so frequently present prior to the occurrence of disorders of the gallbladder that they are being accepted as the initiating factor of this disease. Admittedly, in many cases, eradication of the advanced organic lesion, such as removal of gallstones or of the gallbladder itself, does not result in a cure or improvement in the patient's symptoms since it fails to eliminate the causative factor. To treat these cases successfully, it is necessary to determine the cause as well as the effect and direct the treatment toward relieving both conditions.

Patients are classified in three groups according to the original existing abnormality, as outlined by the Gallbladder Clinic of the New York Post-Graduate Hospital:

1. Those with disorders resulting in a disturbance of the filling and emptying mechanism of the gallbladder.
2. Those with disorders resulting in interference with the concentrating mechanism of the gallbladder.
3. Those with disease of the blood and metabolism which manifests itself in disorders in the biliary tract.

The causes of the disturbances in the filling and emptying mechanism of the gallbladder are either anatomic or physiologic. The anatomic causes are both external and internal. The external causes are either congenital or acquired, while the internal causes are all congenital.

Among external causes are adhesions in the upper portion of the abdomen, which are believed to be the exciting factor in about 10 per cent of the cases of this disease. Patients with a diseased gallbladder as a result of adhesions give a history of irregular attacks of colicky pain in the region of the gallbladder, and there is a characteristic sensation of pulling or drawing in that area. Roentgen study reveals a small gallbladder; its borders may be irregular. The dye is well concentrated, and the cystic duct is not visualized. Cholecystectomy is recommended in these cases. It should result in complete relief of the patient's symptoms, because the basic disorder is within the gallbladder itself.

Read before the Pinellas County Medical Society, Dec. 1, 1944.

PHYSIOLOGIC OR FUNCTION CAUSES

It is believed that the majority of all patients with disease of the gallbladder suffered in the primary stage of this disorder, a disturbance in the filling and emptying mechanism of the gallbladder. The functional disorders may be due to increased resistance to the flow of bile through the sphincter of Oddi, hypertonic dyssynergia; or they may be due to diminished contractability of the wall of the gallbladder, hypotonic dyssynergia.

In hypertonic dyssynergia there are an increase in tone and hypertrophy of the sphincter of Oddi within the common bile duct. These occurrences are believed to be caused by one of two conditions: either a gastric hyperacidity with its associated duodenitis and papillitis, or a reflex spasm of the sphincter of Oddi.

The reflex spasm may be functional, or it may come from some distal site, such as a diseased appendix. Whichever is the cause, the result is the same. The increase in resistance to the flow of bile through the sphincter of Oddi prevents emptying of the gallbladder without extra effort. As a result of the increased effort to expel the bile, the wall of the gallbladder becomes hypertrophied. Due to the abnormal contractions of the wall, pressure stimulus to the nerve endings results in pain.

The patient with this type of the disease suffers attacks of colicky pain in the region of the gallbladder or in the epigastrium. It is usually relieved by nitroglycerin or amyl nitrite. Roentgen examination shows normal concentration of the dye, but delayed emptying. The gallbladder is enlarged and tubular. The walls are thickened and hypertrophied. Cholecystectomy is contraindicated in this type of uncomplicated disease of the gallbladder because the primary disturbance is not within the gallbladder.

Another function of the gallbladder, which is most important in these cases, is to regulate the

pressure of the bile in the biliary tract. So, with the removal of the gallbladder, the pressure within the common duct is increased still more, and naturally the symptoms recur.

Treatment in these cases should be directed toward removal of the condition which causes the spasm. A strict medical regime, including a bland diet, antispasmodics and antiacids should, therefore, be instituted.

It the spasm is believed to be due to a nervous phenomenon, or to some focus or irritation in the abdomen, then the necessary steps should be taken to alleviate the cause. But cholecystectomy should be considered only in complicated cases.

The other type of functional disorder of the gallbladder is known as hypotonic dyssynergia and is due to diminished contractability of its wall. Here the site of the dysfunction is within the gallbladder itself. It is referred to as a lazy gallbladder.

The patients with this disorder, unless complications have developed, do not have colicky pains, because the tone of the wall of the gallbladder and its contractions are not sufficient to increase the intervesical pressure to the point of developing an actual stimulus for pain. They give a history of discomfort in the right upper quadrant, associated with gastric irritability, distention and belching after meals. They often show other evidence of hypotonia, such as a low metabolic rate and low or no free hydrochloric acid. Their symptoms are mild, especially in the early stages, and they may show similar tendencies of dysfunction of the stomach and colon.

Roentgen study shows a large, pear-shaped gallbladder which concentrates the dye, but with delayed emptying. The wall of the gallbladder is thin and atrophic. If stones are present, they are usually singular.

Medical treatment of these patients may improve the function of the gallbladder, relieve their symptoms and prevent the usual progress of disease in this organ. If, however, stones have formed, cholecystectomy is indicated, and the patient's symptoms should be relieved because the primary cause is within the gallbladder.

DISORDERS RESULTING IN DISTURBANCES IN THE CONCENTRATION OF THE BILE IN THE GALLBLADDER

Disturbances in the concentrating mechanism are believed to exist in the primary stage in 15 per cent of the cases of this disease. Any condition which causes inflammation of the gallbladder may disturb the concentration of the bile.

The chief causes of inflammation, in the order of frequency, are:

1. Infection.
2. Reflux of pancreatic juice.
3. Abnormal concentration of special elements:
 a. Bile salts.
 b. Calcium salts.
 c. Cholesterol (cholesterosis).

Associated Diseases of the Blood and Metabolism.

The diseases of the blood and metabolism which manifest themselves in disorders of the biliary tract are:

1. Cholesterol metabolism of pregnancy. There is a high concentration of cholesterol in both the blood and the bile of pregnant women. This predisposes them to the formation of crystals and stones.

2. Obesity. Here again, a high concentration of cholesterol is present, and most obese patients suffer from hypotonic dyssynergia.

3. Arthritis. There is the frequent incidence of disease of the gallbladder as met with in arthritis. Some authorities report that in as high as 50 per cent of arthritic cases disease of the liver or gallbladder is also present.

4. Cardiovascular disease. The association of cardiovascular disease with affections of the gallbladder is well recognized. Some authorities claim that they find on autopsy that disease of the gallbladder occurs almost twice as often in patients with coronary changes as in those with normal coronary arteries.

CONCLUSION

There is one fact that stands out most prominently as one observes the course of these cases, and experience has substantiated and emphasized the importance of that fact. It is that disease of the gallbladder is progressive, whatever the primary cause, be it functional or organic. In time, such complications as gallstones, infection, obstruction and hepatic damage follow.

No course of treatment should be followed which does not include an effort to eradicate the primary cause of the disorder, and which does not take into consideration the expected progress of the disease.

618 Fla. Natl. Bk Bldg., zone 5.

A HISTORY OF MEDICINE IN DUVAL COUNTY

PART IV

WEBSTER MERRITT, M. D.
JACKSONVILLE

Now that the medical events of the eighteen-fifties have been reviewed with particular reference to the epidemics of disease, the measures enacted to protect the public health, the founding of The Duval County Medical Society and the construction of Jacksonville's first hospital, perhaps it will be appropriate to study the lives of the men who were charter members of the Society and who participated in the medical activities of Duval County during that decade. The review of Dr. H. D. Holland's career has been almost completed, but the study of Dr. A. S. Baldwin's life hardly has been begun.

Dr. John Smith Murdoch,[81 82 83 84 85 86 87 88, 89] the first president of The Duval County Medical Society, was born in Frederick, Maryland, November 9, 1818. He was graduated from The Medical College of South Carolina, March 30, 1839 and was awarded a medal for special proficiency in obstetrics. Dr. Murdoch felt then that this was a somewhat doubtful honor for obstetrics was largely in the hands of midwives and to be known as an obstetrician was not a mark of distinction. He did not display the medal but later, in his practice, he did stress proper care of the expectant mother and more adequate attention at the time of delivery. This made Dr. Murdoch a pioneer in Florida who helped raise obstetrics to its rightful place as one of the important specialties in the practice of medicine. In November, 1842, he married Miss Emma Wallace of Columbia, South Carolina, where he lived until 1850. Dr. Murdoch did not approve entirely of slavery, consequently he owned only a few house servants. When he decided to move to Florida he offered freedom to each slave who wished to remain in Columbia. In November, 1850, Dr. Murdoch arrived in Jacksonville. Some time later he made his home on the south side of Forsyth Street between Liberty and Washington.

On March 25, 1853, Dr. Murdoch was honored by being elected the first president of the first county medical society in Florida. Although he had a flourishing practice, Dr. Murdoch had time to participate in affairs of civic interest and importance. He presided at a meeting of Jacksonville citizens to prepare a celebration for July 4, 1853. Other representative citizens present at this meeting were "C. Drew, Dr. J. G. Dell, Dr. H. D. Holland, A. A. Canova, S. Buffington, J. A. Barbee, J. H. H. Bours, H. E. W. Clark, Dr. William L'Engle and John Clark."

Dr. Murdoch's account book for 1857 lists the names of one hundred ninety-eight persons who consulted him that year, many of whom were prominent citizens of Jacksonville. It is pleasing to note that the names of John, James and Laurens Turknett are listed and that each apparently recovered from his illness. This information permits to to conclude that all the Turknetts did not lose their lives during the scarlet fever epidemic of 1854 and the yellow fever epidemic of 1857.

In 1858 Dr. Murdoch was elected Intendant of Jacksonville. A little less than one year later, while he was still in office, the title of the chief executive was changed to Mayor; hence Dr. Murdoch held the distinction of being Jacksonville's last Intendant. During his administration many old ordinances were revised and republished, and many new ones were passed. More strict regulation of quarantine to prevent the spread of contagious diseases was established, and the penalty for violation was increased markedly.

Dr. Murdoch was a man of charming personality who showed evidence of much mental activity and energy. He was sociable, had strong ties with his friends and at times, like many of us, gave vent to his emotions. On October 10, 1860, while in a state of depression following strenuous physical and emotional activity, he took his own life with a pistol. His body was buried in the city (Willey) cemetery.

Less than one month later, on November 9, Jacksonville lost by death its distinguished and beloved Dr. H. D. Holland. Dr. Holland's casket was carried by his slaves to the Willey cemetery for burial and at a much later date was moved to the Evergreen Cemetery. Thus within the space of one month Jacksonville lost two of its most valuable physicians and influential citizens, Dr. Holland somewhat more than fifty-four and Dr. Murdoch not yet forty-two.

Dr. William Johnson L'Engle[90, 91, 92, 93, 94 95, 96] was born in Saint Augustine, Florida, July 25, 1832. He was graduated from the University of Pennsylvania School of Medicine in 1853, choosing for his thesis "Anaesthesia," a subject which was beginning to thrill the medical world with its possibilities. Soon after graduating Dr.

L'Engle came to Jacksonville, where he opened his office for the practice of medicine in The Republican Building. In this office on March 25, 1853, The Duval County Medical Society was founded, and he was elected its first secretary. Dr. L'Engle practiced in Jacksonville only a few months, after which he moved to Saint Marys, Georgia. He married Miss Margaret Saunders of Raleigh, North Carolina, on April 3, 1854.

On August 28, 1856, Dr. L'Engle was appointed Assistant Surgeon in the United States Army, was made Health Officer and was placed in charge of the Marine Hospital at Key West. After a short time he was transferred to the west coast of the United States, where he remained for about six months, and then was ordered back east. On October 10, 1858, he was cited for his "unremitting attention to and skillful treatment of both soldiers and citizens" during a severe epidemic of yellow fever at Fort Moultrie, South Carolina. His citation stated that he had qualities which could not fail to command the admiration and win the esteem of every officer and soldier of the Fort Moultrie command.

Dr. L'Engle resigned from the United States Army April 30, 1861, left his wife and children with his parents at "Palermo," the plantation on the Saint Johns River which is now the site of Cummer's mill and set out for Pensacola, where he planned to join the Confederate forces. After arriving in Pensacola he had fever. What was thought to be quinine proved to be morphine, and on December 19, 1861, at the age of twenty-nine, Dr. L'Engle died an untimely death, the victim of a tragic mistake.

Dr. James Gadsden Dell [97, 98, 99, 100, 101] was born November 30, 1825. About his early life we know little. In March, 1853, he was appointed collector of customs for Jacksonville and in the same month became a member of the founders' group of The Duval County Medical Society. On September 20, 1857, after a trip north, Dr. Dell returned to Jacksonville on a steamer in apparent good health. While preparing to retire that night, he was seized with faintness and died almost instantaneously with what physicians pronounced "a heart attack." An editorial in The Florida News stated: "In the death of Dr. Dell Jacksonville has lost one of its most enterprising citizens, the democrats one of their strong rods and the Internal Improvements projected for this section one of its strongests supporters."

Dr. Richard Potts Daniel, [102, 103, 104, 105, 106, 107, 108 109] son of James M. and E. Jaqueline H. Daniel* was born in Pineville, Charleston District, South Carolina, August 19, 1828. Soon after Richard's birth his father moved to Columbia, South Carolina, to take charge of the Male Academy in that city, and it was here that the boy received the first impressions of his childhood life. In later years he wrote with feeling that his mother sang "those dear old Scotch melodies while she



Dr. Richard Potts Daniel

played on the queer old spindle legged piano" and that his father played the flute and could dance "Fischer Hornpipe" splendidly. One of Dr. Daniel's earliest recollections was of riding behind his father on a horse "tied on with a handkerchief for I was a very small boy . . . when I was almost four, I remember being lifted upon the bed . . . to look at a brand new little baby brother, Jaquelin—he . . . was a *twin*—but the other baby died in birth I reckon."

When very young, Richard fell from a fence and fractured his right collar bone. In later years he wrote: " . . . they must have [been] careless about my recovery—because I have been *left handed* through my life—a serious inconvenience to say the least." Young Richard was every inch a boy. On one occasion, against orders, he attempted to whitewash the ceiling, whereupon, a drop of whitewash fell in his eye and caused considerable discomfiture, but apparently no permanent injury resulted therefrom. On another occa-

* Formerly E. Jaqueline H. Murdoch, mother of Dr. John Smith Murdoch.

sion ". . . my stepbrother, John, ** . . . was building a pigeon house. I kept meddling with his tools although he charged me not to do so—finally whilst trying to chop with a spade I chopped one of my great toes off it merely hanging by the skin on sole of foot . . . It grew together all right . . ."

Richard's father was a strict disciplinarian and used the hickory rod freely on both Richard and the boys of the academy. Nevertheless, Mr. Daniel was a talented teacher, tireless in both mind and body, and was popular with the boys.

While Richard was still a small boy his family moved to Lime Stone Springs, a small summer resort in the eastern part of Spartanburg County, South Carolina, where his father established a large boarding and day school for boys. The transportation of all the household furnishings by wagon over almost impassable, muddy roads for a distance of about one hundred miles was an experience that Dr. Daniel never forgot, child though he was at the time. After two or three years in Lime Stone Springs, the family moved back to Columbia. Richard attended high school there and after graduating began to teach in the schools.

Early in the year 1847 Richard's father decided to move south. Leaving a comfortable home in Columbia, the family set out for a rough and primitive section of Florida. In later years Dr. Daniel wrote: "I was about . . . eighteen years old and preceded the rest by a few weeks—coming on ahead with a wagon and four or five negro men to prepare things somewhat. Mother and the smaller children, as well as an aunt . . . rode in the family coach. Father had rented from Captain Wm. Haddock a small farm in Nassau County in the fork of the Mills' and Thomas' creeks, which two, united form Nassau River . . . [The] farm was some twenty-two or three miles north-west of Jacksonville . . . a clearing of ten or twelve acres in the midst of [a] magnificent virgin forest of yellow pine, which then covered most of Duval and Nassau Counties, held a little group of shanties . . . the living house was a log pen with rough piazzas front and rear . . . The floor was [made] of great wide boards cut from logs with a whip saw . . . clapboards were the shingles .. . and formed the weather-boarding . . . The chimney was built of mud and sticks with a huge fireplace that one could sit inside of when there was only a small fire." A hole about eighteen by twenty-four inches, cut in a log near the chimney, served as a window outside of which was a rough swinging shutter with wooden hinges.

** Dr. John Smith Murdoch

Mrs. Daniel was an invalid with a chronic cough. She found life on the frontier hard, but never complained. The rough, free living held charm for young Richard and in later years he wrote with considerable warmth and feeling, describing the primitive life: "The . . . people in this sparsely settled region lived simply and roughly . . . but never wanted . . . or went into debt . . . all had cattle and hogs (some sheep). In the woods cane, corn, and sweet potatoes gave sugar, syrup, cornbread and hominy . . . a small patch of long-staple cotton ginned on a simple roller handpin and picked by hand too, gave enough cash to buy their coffee, simple clothing and other outside needs . . . cattle always represented a cash asset, too . . . Everybody ground their corn for meal or grits at home—either with a small pair of stones set upon a block and worked by hand or with a small steel mill also turned by hand."

Mr. Daniel, aided by a crew of negroes, did the logging, which was tedious and risky work, while Richard, aided by his brothers, worked zealously in the fields making the crop. Toward the end of the summer the boys were stricken with malaria and were quite ill. Mr. Daniel, concluding that this life was too rigorous, moved his family into Jacksonville in the fall of 1847 and rented a small cottage which stood on Market street at the corner of Duval—many years later the site of the Telfair Stockton residence. This location, now in downtown Jacksonville, was then in the heart of a pine grove in which wire grass and cockspur abounded. There was an occasional narrow boardwalk; the streets were sandy; the houses were scattered.

Becoming interested in medicine, Richard studied in the office of Dr. H. D. Holland and in 1848 entered the Medical College of South Carolina at Charleston. In 1849 he transferred to the University of Pennsylvania School of Medicine in Philadelphia, where he graduated on April 5, 1851, choosing for his thesis, "Dengue as it appeared in Jacksonville in 1850." Returning to his home to practice medicine, Dr. Daniel was elected the first treasurer of The Duval County Medical Society.

In the fall of 1854 Dr. Daniel was commissioned Assistant Surgeon in the United States Navy and was assigned to the frigate Columbia, then lying in the Warrington Navy Yard near Pensacola. En route from Virginia, where he had been visiting relatives, Dr. Daniel passed through

Augusta, Georgia, and Birmingham, Alabama, where epidemics of yellow fever were raging, and was actively exposed to the disease in each of these cities. This was Dr. Daniel's first contact with yellow fever, but he did not contract the disease. He arrived safely in Pensacola, reported for duty on the frigate, set sail for Nicaragua and arrived there in December. After a few weeks his ship was ordered to St. Thomas Island, just off the western coast of Africa, and reached its destination about the first of February, 1855. The sailors were allowed shore leave, and it was discovered too late that a very malignant type of yellow fever was prevalent on the island. In the course of a few days two or three cases of fever appeared among the crew, whereupon urgent orders were issued for the ship to sail for Norfolk, Virginia. The uncertainties incident to weather at that time of the year made the voyage tedious. Nearly every day a member of the crew died of yellow fever and was buried at sea. Dr. Daniel was at great disadvantage in treating the patients properly for the man-of-war was crowded, the quarters were poorly ventilated, and he could not get competent nursing help. Many years later Dr. Daniel wrote: "We had an old 'Son-of-a-Gun' of a Fleet Surgeon who seemed imbued with the therapeutic ideas of the eighteeth century in regard to the treatment of yellow fever and went recklessly on shovelling in scruple doses of calomel with other drastic and depleting measures regardless of direful results. Providentially, I myself was not taken ill with the fever until the morning of the day we anchored in Chesapeake Bay; and a few hours afterwards I was carried ashore to the Naval Hospital at Portsmouth where, under the kind and judicious care of the Surgeon in charge at that place, I was but mildly ill."

This circumstance probably was most fortunate for two reasons. If yellow fever had developed a few days earlier, Dr. Daniel would have received the Fleet Surgeon's drastic treatment and might have fared badly. On the other hand, if he had not had yellow fever at all, he might not have acquired partial immunity and might have succumbed in 1888 when, overworked in mind and body, he was seized with a second attack of the disease and for several weeks was dangerously ill.

After Dr. Daniel recovered from this illness of March, 1855, he was assigned to the San Jacinto, a flagship in the United States Navy. On October 25, 1855, the ship set sail and for thirty-four months did not return to the United States. During a major portion of this time Dr. Daniel sailed the seas of the Orient. "A Medical Journal" with notes on the voyage of the San Jacinto written by Dr. Daniel, is in the possession of his nephew, Mr. Richard P. Daniel of Jacksonville. This valuable record shows an orderly, careful observation of the sick on board the vessel and offers entertaining reading to the laity as well as to the physician.

In 1859 Dr. Daniel resigned from the United States Navy and during the summer of that year returned to Florida. With the exception of three years spent in serving the army of the Confederacy he devoted his long life to the practice of medicine in Jacksonville. Later, to a large extent, this history will be built around the life and activity of Dr. Daniel. Born seventeen years after Dr. Baldwin, he survived his senior by almost the same number of years. At the time of his death in 1915, in his eighty-seventh year, Dr. Daniel was recognized as the outstanding leader of the medical profession in Duval County.

In the eighteen-fifties Jacksonville was a small, unimportant town, but during this decade it was being prepared for a phenomenal growth. Few realized then that the town would become the chief port and railroad center of the southeastern seaboard. Dr. Baldwin, whose biography was begun in the second installment of this history, was responsible, more than any other man, for Jacksonville's growth and development.

A clearly expressed, logical article on improvement of the Saint Johns Bar, written by Dr. Baldwin, appeared in the Florida Republican on April 29, 1852. He referred the reader to a Florida map of 1846 and said: "The course of the Saint Johns River from the light house to the outer bar, one and one-half miles distant is east-north-east, and by casting your eye northward, you will observe that the inlet between Fort George and Talbot Islands comes out in the direction of east-south-east, running diagonally across the mouth of the river, and you will observe too that from the position and direction of the inlet it must give exit to a considerable amount of the waters of Nassau River and the inland passage coming from the Saint Marys'. The peculiar debouche of these two streams gives the appearance of their having a common mouth; which to a considerable extent is a fact, which mouth is at the outer bar of the river . . ." Dr. Baldwin advised closing the Fort George Inlet in order that the Saint Johns River might have a freer passage into the ocean and a deeper channel at the bar. [110]

This report excited much favorable reaction from the people of Jacksonville. On May 12 at a

public meeting Dr. Baldwin, Dr. Charles Byrne and Colonel I. D. Hart were appointed a committee to improve the Saint Johns Bar. [111]

Three months later, on July 29, another enlightening article written by Dr. Baldwin appeared in the paper pointing out that by improved navigation facilities Jacksonville would become an outstanding port and a rival of Savannah and Charleston. He suggested that this might be the reason why the proposed improvements were being opposed by the newspapers in those cities. [112]

At a public meeting, held on August 2, Dr. Baldwin was requested, by vote, to proceed to Washington, D. C., to secure an appropriation for improvement of the bar. [113] He wrote a letter from Washington dated September 14, which gave an encouraging report on his mission, [114] and on December 9 an editorial in The Florida Republican stated that two appropriations of $10,000 each had been obtained, one for the bar, the other for the light house. [115]

In the fall of 1852, while Dr. Baldwin was still in Washington, he was elected to represent Duval County in the general assembly of the legislature. [116] He had been nominated by the Whigs on September 11. [117] On January 21, 1853, Dr. Baldwin wrote a letter to the Editor of The Floridian and Journal in Tallahassee championing the Florida, Atlantic and Gulf Central Railroad, thus taking issue with Governor Call. The Governor had appealed to the citizens of middle Florida to unite in the construction of a railroad to connect the Saint Marks and the Brunswick roads, but Dr. Baldwin felt that this would shunt the trade of the state into Georgia. [118]

During the first session of the legislature Dr. Baldwin secured a charter for the Florida, Atlantic and Gulf Central Railroad with a right of way from Jacksonville to Pensacola. [116] On September 1, 1853, at a meeting in Tallahassee Dr. Baldwin, Morris Kiel, A. A. Canova, Paran Moody, J. P. Sanderson, D. S. Gardiner, F. C. Barreth. T. E. Buckman, and John Roberts were elected Directors of the Railroad,[119] and on November 5 at a meeting in Jacksonville Dr. Baldwin was elected President of the Directors. [120] At the second session of the legislature Dr. Baldwin introduced a bill which created a temporary Internal Improvement Board with the object of assisting in building railroads in the state. This was accomplished by donating alternate sections of land along the proposed route of the road and in endorsing the company's bonds. This Board later was made permanent and was composed of the Governor and his cabinet. In 1854 Dr. Baldwin, James T. Archer, Richard H. Long and John C. Pelot recommended the system of railroads for Florida which was substantially adopted at a later date. [116]

After the contract for building the Florida, Atlantic and Gulf Central Railroad had been let, Dr. Baldwin retired from the presidency of the Directors. Ground was broken for the road from Jacksonville to Alligator (Lake City) in March, 1857, but the epidemic of yellow fever in Jacksonville interfered with the work and there was delay. The railroad reached its destination on March 13, 1860, and two days later the event was celebrated by an excursion to Lake City.*

At a barbecue in Lake City Dr. Baldwin and Dr. Holmes Steele addressed a large number of people. On March 21, the railroad gave a return excursion to Jacksonville. In a colorful ceremony staged at the Judson House Miss Louisa Holland of Jacksonville and Miss Kate Ives of Lake City, with pitchers, mingled the waters of the Saint Johns River and Lake DeSoto. [121]

In 1858 Dr. Baldwin had been elected to the Florida State Senate, and when the clouds of war had begun to rise, he had opposed secession. Nevertheless. when Florida seceded, like many other honest patriots, he promptly offered his services to the Confederacy. [116]

Until the next installment of the history we leave Duval County in the shadow of the approaching war between the states. The next fifteen years is an era of unparalleled heroism and suffering.

*Name changed from Alligator, Jan. 15, 1859.

BIBLIOGRAPHY

81. Miss Madge Wallace, Jacksonville, Florida. Interviews, August 11 and December 11, 1944.
82. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, 1925.
83. Memoirs of Florida, Volume II, R. H. Rerick, 1902.
84. Florida Republican, Jacksonville, Florida, January 13, 1853. Library of Congress.
85. Ibid. July 14, 1853.
86. Florida News, Jacksonville, Florida, July 2, 1853. Library of Congress.
87. Account Book of Dr. John S. Murdock, 1857. Miss Madge Wallace.
88. Early Ordinances of the town as obtained from Old Records, Florida Times-Union, January 21, 1912, Jacksonville, Florida.
89. The East Floridian, Fernandina, Florida. Library of Congress.
90. William Johnson L'Engle, M. D., U.S.A., written by his daughter, Mrs. Lina L'Engle Barnett. Original manuscript, in the possession of Mrs. C. W. Camp, copied by Miss Gertrude L'Engle and furnisbed author by Mr. Richard P. Daniel, Jacksonville, Florida.
91. Miss Gertrude L'Engle. Telepbone interviews, December 11 and 19, 1944.
92. Letter from Dr. William Pepper. Dean, University of Pennsylvania School of Medicine, September 13, 1944.
93. Florida News, Jacksonville, Florida, April 23, 1853. Library of Congress.
94. Florida Republican, Jacksonville, Florida, May 19, 1853. Library of Congress.
95. Ibid, July 14, 1853.

96. United States Army Orders No. 33, Fort Moultrie, S. C., October 10, 1858. Copy furnished author by Miss Gertrude L'Engle.
97. Information taken from tombstone of J. G. Dell in old city cemetery.
98 Memoirs of Florida, Volume II, R. H. Rerick, 1902.
99. Florida Republican, Jacksonville, Florida, March 24, 1853. Library of Congress.
100. Florida News, Jacksonville, Florida, July 9, 1853. Library of Congress.
101. Ibid, September 26, 1857.
102. Autobiographical material in University of Pennsylvania Alumni Information circular. Original manuscript furnished author by Dr. Wm. Pepper, Dean of the School of Medicine.
103. Biographical Material of Dr. Daniel's Family and Autobiography of Dr. Daniel's Early Life. Original Manuscript furnished the author by Mrs. R. D. May, Jacksonville, Florida.
104. Some Recollections of My Early Life and Jacksonville People by Dr. Richard P. Daniel. Partial copy of manuscript furnished the author by Mrs. R. D. May and her son, Mr. R. D. May, Jacksonville, Florida.
105. Notes on Yellow Fever by Dr. Richard P. Daniel, Read before The Duval County Medical Society, September 5, 1905.
106. Mrs. J. H. Burroughs, Jacksonville, Florida. Interview. August 7, 1944.
107. Address delivered before The Duval County Medical Society, by Dr. Richard P. Daniel, retiring president of the Society. January 7, 1902. Original Manuscript furnished the author by Mrs. R. D. May, Jacksonville, Florida.
108. Florida Republican, Jacksonville, Florida, July 14, 1853. Library of Congress.
109. A Medical Journal by Dr. Richard P. Daniel. Original manuscript furnished the author by Mrs. Richard P. Daniel, Jacksonville, Florida.
110. Florida Republican, Jacksonville, Florida, April 29, 1852. Library of Congress.
111. Ibid, May 12, 1852.
112. Ibid, July 29, 1852.
113. Ibid, November 17, 1853.
114. Ibid, September 30, 1853.
115. Ibid, December 9, 1853.
116. The Book of Jacksonville, S. Paul Brown, 1895.
117. Florida Republican, Jacksonville, Florida, September 16, 1852. Library of Congress.
118. Ibid, February 10, 1853.
119. Ibid, September 15, 1853.
120. Florida News, Jacksonville, Florida, November 12, 1853. Library of Congress.
121. Jacksonville, Fifty-five Years ago. Recollections of a Veteran. Otis L. Keene. The Jacksonville Metropolis, December 12, 1908.

ABSTRACTS OF MEDICAL ARTICLES

TRUE HERMAPHRODITISM; A REPORT OF TWO CASES, MCIVER, ROBERT B.; SEABAUGH, D. R., AND MANGELS, MARTIN, JACKSONVILLE, J. UROL. **52**: 67-85 (JULY) 1944.

Two cases of true hermaphroditism, the rare bisexual state in which both male and female gonads are present separately or in varying proportion in the same person, are described. One was typical and one atypical; both had features that are apparently unique in the literature. In addition, the 11 cases recorded since Young's review of 21 reported cases in 1937, are summarized.

The classification preferred designates this condition as (1) bilateral, with testis and ovary on either side, either separate or united (ovotestis); (2) unilateral, with testis and ovary, either separate or united, on one side, and testis or ovary on the other; and (3) lateral or alternating, with testis on one side and ovary on the other. It is emphasized that pathologic proof of bisexuality must complement the clinical observations in establishing a diagnosis of true hermaphroditism for the pseudo forms cannot be differentiated without microscopic examination of the gonadal elements.

The first of the 2 cases was typical in that the condition was bilateral and that the genitalia presented. At variance with the usual findings were the presence of a tube and ovary without a uterus, the union of the tube and the vas, and their termination in a blind fibrous cord, the vas having no connection with the deep urethra. It was impossible to differentiate clearly between the testicular and ovarian tissue of the two gonads for even microscopically there was no distinct line of demarcation between the two components.

The second case was atypical. Except for the absence of the testis on the right side, the external genitalia were normal. In addition to this rare occurrence in a case of true hermaphroditism, a unique feature was that the tube, present on the right side, was involved in an infectious process, which produced acute episodes in the right lower quadrant of the abdomen and presented a pyosalpinx at the time of removal. The authors were disposed to classify this case as one of true lateral hermaphroditism and regretted that no pathologic evidence was available to confirm this opinion, biopsy being refused by the patient. The gonad that was removed and studied was composed wholly of ovarian tissue, but the remaining gonad, in the normal position and giving rise to motile sperm, offered definite proof of a true case of double sex. Although the presence of live motile sperm in the ejaculated fluid established the presence of active testicular tissue, it nevertheless did not preclude the presence of ovarian tissue also.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonvule*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson, M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Alvin L. Mills, M.D...C-46.....*St. Petersburg*
Wiley M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Harvard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Councill C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B 46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
Edward Jelks, M.D., Delegate.....*Jacksonville*
Meredith Mallory, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

**Alternate for member in Armed Services.*

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
HOMER L. PEARSON, M.D.....*Miami*

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
WEBSTER MERRITT, M.D.....*Jacksonville*
FRANK C. METZGER, M.D.....*Tampa*
LLOYD J. NETTO, M.D.....*West Palm Beach*
RALPH SAPPENFIELD, MAJOR (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
HOMER L. PEARSON, M.D., Chairman.....*Miami*
ARTHUR L. WALTERS, M.D.....*Miami Beach*
HERMAN WATSON, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....*Jacksonville*
JOSEPH C. FLYNN, M.D.....*Tampa*
THEODORE F. HAHN, M.D.....*DeLand*

Board of Past Presidents

H. MARSHALL TAYLOR, M.D., 1923, Chm.....*Jacksonville*
WALTER C. JONES, M.D., 1941, Secy.....*Miami*
ROBERT H. MCGINNIS, M.D., 1915.....*Jacksonville*
FREDERICK J. WALTER, M.D., 1918.....*San Diego, Calif.*
WILLIAM E. ROSS, M.D., 1919.....*Jacksonville*
JOHN C. VINSON, M.D., 1924.....*Tampa*
JOHN S. MCEWAN, M.D., 1925.....*Orlando*
H. MASON SMITH, M.D., 1926.....*Tampa*
JOHN A. SIMMONS, M.D., 1927.....*Arcadia*
FREDERICK J. WAAS, M.D., 1928.....*Jacksonville*
HENRY C. DOZIER, M.D., 1929.....*Ocala*
JULIUS C. DAVIS, M.D., 1930.....*Quincy*
GERRY R. HOLDEN, M.D., 1932.....*Jacksonville*
WILLIAM M. ROWLETT, M.D., 1933.....*Tampa*
HOMER L. PEARSON, M.D., 1934.....*Miami*
HERBERT L. BRYANS, M.D., 1935.....*Pensacola*
ORION O. FEASTER, M.D., 1936.....*St. Petersburg*
EDWARD JELKS, M.D., 1937.....*Jacksonville*
W. HENRY SPIERS, M.D., 1938.....*Orlando*
LEIGH F. ROBINSON, M.D., 1939.....*Ft. Lauderdale*
J. SAM TURBERVILLE, M.D., 1940.....*Century*
GILBERT S. OSINCUP, M.D., 1942.....*Orlando*
EUGENE G. PEEK, M.D., 1943.....*Ocala*

"HELL'S A POPPIN'"

"Hell's a Poppin'"—on every side we hear such noises as "Wagner, Murray, Dingall," "Blue Cross," "medical service plans," "socialized insurance," "regimentation," "Senator Pepper" and "What are you going to do about it?" When they are all added up and an average taken we find simply this answer—This is a "changing" order and the methods of the practice of medicine are changing along with everything else.

This is not the time nor the place to review all that has been said about social security or socialized medicine. It has been admitted, however, by many of our clearest thinkers in Medicine that there must be a change and there will be a change from the old order. Various medical associations over the country have instituted and are instituting medical service plans which admittedly lack much. It is impossible to render full coverage, it is said, because the cost to the individual is prohibitive. These medical service plans are voluntary; therefore, only a small percentage of the people is covered. Senator Pepper, in a broadcast from New York Times Hall on February 7, made the following statements: "We are not going to settle for halfway measures or patch-work proposals. If the voluntary systems offered are to meet our approval they must meet certain conditions. First, the medical care given must be *complete* care. By that I mean hospitalization, general medical care including all modern diagnostic and preventive service and dental care. Secondly, the cost of the service to the individual must be low enough so that most of the people can be included in the system Thirdly, the service rendered must be of high quality." He said further, "We do not intend to regiment doctors or to interfere with the right of any patient to choose his physician."

We believe when a system is found that includes all of Senator Pepper's proposals it will meet with everybody's approval. Then how can such a thing be accomplished?

It can, we believe, be accomplished by an honest effort on the part of our leaders in the American Medical Association and in Congress, conferring together, to devise a workable plan that will safeguard the interests of both the public and organized medicine. There must be such a common ground. We need—all of us, the public and the profession alike—to be more unselfish in our desires; to think less of what our Government owes us and to think more of what we owe our Government.

We wonder, seriously, if a system of compulsory insurance could be worked out that would cover completely all the people and still make no effort to regiment the medical profession. Why should any insurance make it necessary to change the method of the practice of medicine? Why should compulsory insurance make it necessary to regiment anyone?

We believe that with the proper thinking and the proper effort to cooperate one with the other that a satisfactory plan can be found.

H. L. P.

FLORIDA'S FIRST COUNTY MEDICAL SOCIETY OBSERVES ITS NINETY-SECOND BIRTHDAY

In this centennial year of Florida's statehood, the Duval County Medical Society observes its ninety-second birthday. Following in the wake of statehood by only eight years, this was the first component society of the Association to come into being. It was organized on May 25, 1853, with Dr. John S. Murdoch serving as the first president, Dr. W. J. L'Engle as the first secretary and Dr. Richard P. Daniel as the first treasurer. Apparently there were no other county medical societies in Florida until after the war between the states. Written into the history of this infant society are pages dark with the drama and tragedy of epidemics. The ravages of smallpox, scarlet fever and yellow fever taxed the professional skill of its members to the utmost as these scourges of a bygone day left their cruel mark upon the growing populace.

Published currently in the Journal in installments, *A History of Medicine in Duval County* is a valuable contribution to the annals of medicine in Florida. The author, Dr. Webster Merritt, is to be commended for his painstaking effort to present a carefully documented account of the medical personalities and events during the century and a half that the profession has been represented in Northeast Florida. The notable physicians of this section live again in retrospect through his pen portraits. Veteran of the Revolutionary War and probably the first American physician to practice anywhere in Florida, Dr. James Hall represented the profession in and around Jacksonville for a quarter of a century before the Floridas, East and West, were ceded to the United States by Spain. His forty years of service were outnumbered by those of his immediate successor, Dr. A. S. Baldwin. This distinguished physician and outstanding citizen arrived in Jacksonville in 1838 and gave sixty years of unselfish service to the community. At his instigation the Duval County Medical Society was founded, and throughout his long career he remained its most important and influential member. Following these hardy pioneers, there pass in review a coterie of prominent practitioners who since the turn of the half century have continued to give of their best professionally and to wield wide influence in civic affairs as well.

The historically minded members of the medical profession who preserve for posterity the authentic record of the lives of their colleagues of an earlier day render a worthy and lasting service. For the pioneer physician they provide a place in history which is his due and to their contemporaries and succeeding generations they make available a rich source of interest and inspiration. Despite the deprivations of an austere environment and handicaps that seem fantastic today, the achievements of those who have gone before in the profession mark milestones of progress along the highroad of human accomplishment that will endure as perpetual memorials. Able medical historians of Florida have made the record glow with the names of Gorrie, Perrine and others, and every Floridian takes pride in the statue of John Gorrie, physician, scientist and inventor, representing the state in the Hall of Fame in the nation's Capitol. This latest addition to the historical lore of the medical profession in Florida from Dr. Merritt's facile pen may well serve as an incentive for other contributions that will make the record for the state more complete.

H. L. P.

GRADUATE SHORT COURSE

The Thirteenth Annual Graduate Short Course for doctors of medicine will be held June 25 to 30, 1945, inclusive, at the George Washington Hotel, Jacksonville. The first three days will be devoted to Medicine and the last three days to Surgery.

The faculty will consist of: *Medicine,* Dr. E. A. Stead, Jr., Professor of Medicine, Emory University, Atlanta; *Surgery*, Dr. R. L. Sanders, Associate Professor of Surgery, University of Tennessee, Memphis; *Pediatrics*, Dr. Herbert C. Miller, Yale University School of Medicine, New Haven, Conn.; *Obstetrics,* Dr. Oren Moore, Dean of Obstetrics, Southern Post Graduate Seminar, Charlotte, N. C.; *Gynecology,* Dr. E. C. Hamblen, Chief of Division of Endocrinology, Duke University, Durham, N. C.; *Venereal Diseases,* Surgeon R. C. Arnold, Venereal Disease Research Laboratory, United States Public Health Service, Staten Island, N. Y.

Details of the program together with the titles of the lectures will be published in the June Journal. Copies of the program will be mailed to all members of the State Medical Association. All physicians in the armed forces are invited to attend. No fee is charged for these men.

T. Z. Cason, M.D., Director
Department of Medicine
Graduate School
University of Florida

FROM MY POINT OF VIEW

A grateful nation is giving well deserved praise and support to all branches of the Armed Service of the United States. It is endeavoring to give to each individual in that Service all known safety devices and comforts. In addition, serious consideration is being given to the peacetime or future needs of these men after they return.

Through their representatives the people have demanded and secured what is known popularly as the G.I. Bill of Rights. Through its provisions as many of their needs and wishes are being taken care of as at this time seem possible.

There is a branch of the Armed Service known as the Medical Division. The praise for the effort put forth by this Division is unstinted. Every authoritative source has stated in glowing terms that the doctors are doing a remarkable job. If they do not happen to have the proper equipment, they improvise, and they meet the unusual situation in a manner which has commanded the respect of everyone.

So they share in the praise, and they share in the provisions of the G.I. Bill of Rights. The fact that they do not need most of the help provided in the bill is not the fault of the makers of the bill. Many physicians will obtain benefit and help in this manner.

But there is a joker in the situation affecting not only the men in the Medical Corp of the Army and Navy but also directly concerning the thousands of doctors left at home to carry their own burden plus that of the men in service. This latter group has had its share of praise. However, they do not receive any benefits from the G.I. Bill of Rights. But they are equally affected by the joker.

The joker of which I speak is known as the Wagner Bill or the bill to socialize medicine. A careful survey and analysis of its provisions by men acquainted with the intricacies and factors involved has led to the vast majority labeling this the "Bill of Wrongs." These men feel that the wrongs involve not only the doctors but, in greater degree, the citizens of the United States.

We Americans read in our news columns such choice bits as the reply of General McAullif to a German demand for surrender, "Nuts!" Our airmen report, "Sighted sub—sank same", "Scratch one flat top"; the Seabees "Can do"; the old railroad report, "Off again, on again", signed, Finnegan. Now just where in any standardized, regimented book of rules will one find a justification for this type of a reply? The answer is, "No Book". And yet, what American was not tickled pink at those reports and retorts.

Why this latter reaction? The only answer I can get is that we are Americans. If there is any meat in the oft-repeated phrase, "the American way", is it not that we just do not like standardization, regimentation, and having to think and act according to precedent.

We are accused of being a nation of law breakers. I think the opposite is true. We are a nation of *law makers*. Practically every one of us wants to be an individual. If a stated law does not suit us, we are apt to make a law for ourselves or our group that does suit us. Of course this causes a lot of confusion, but we seem to like it, and we are proving to the world that in spite of this confusion, individualism, and what they call our "disrespect for constituted authority," we have built a really powerful nation.

It is folly to say that this confusion extends to the fundamental laws of decency, honesty, and humanity. Our Army's contact with other nations has proved that we respect these fundamental laws to a high degree.

So the Medical Corps of the United States Army is looked upon as "Fine!", "wonderful!" Now the point I wish to make is how did it get that way? By following all of the various prescribed precedents of procedure contained in the textbooks and numerous legislative acts?

No! For after all, the medical men in this country are Americans. They have the same psychology shown in the first mentioned reports. Did you ever watch one of the backbones or pillars of American medicine, i. e., the country doctor? Is he not one who knows and follows the fundamentals of medicine and decency, and beyond that, is he not a "law unto himself?" He most surely is. What country and what other system of medicine can show a finer product or one which gets better results? Practically all of the specialists I know were once country doctors, are proud of it, and still carry on his basic psychology.

But some people want to change all of this. They want, apparently, to make a trade or a business out of it, give the physician a job and a salary, let a politician tell him how, when and where he should work. Why?

Again I say, we are Americans. Some changes in our procedures should be and are being made. That is the American way. But to cast aside *all*



"SINCE many of the conditions obtaining among troops during war time are simultaneously factors which predispose to the endemic and epidemic spread of . . . amebic dysentery among military personnel and civilians . . . these diseases assume great significance . . . not only to the medical departments of the armed forces but to the civilian physician as well."

—Lt. Com. W. L. Voegtlin, USNR: N.W. Med., 43:69 (1944)



Increased investigation into "tropical diseases" has disclosed the unsuspected prevalence of amebic dysentery in the United States.

In suspected or frank cases, and for the treatment of "carriers,"



Diodoquin

(5, 7-Diiodo-8-Hydroxyquinoline)

"meets the requirements of an amebicide free from toxicity and practical for routine use . . ."*

Diodoquin — an original product of Searle Research — contains 63.9% iodine in a tasteless, oral form which is non-irritating and of negligible toxicity.

Council-Accepted. Available in bottles of 100, 500, 1000 tablets. Item No. 1168600 on the Army Supply Table.

G. D. SEARLE & CO., Chicago 80, Illinois.

*Silverman, D. N.; Amer. J. Digest. Dis. & Nut., 4:281-282 (July) 1937.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



You can't overrate the value of CONTROL

For certainty of results, *control* is the cardinal factor in a wide range of diverse operations.

In the modernly equipped U. D. pharmaceutical laboratories, maintenance of uniform high standards is in the hands of experienced and professional men . . . the Formula Control Committee of doctors, chemists, scientists . . . charged with rigid testing of every product bearing the trusted U. D. label.

From minutely detailed raw material inspection to finished product checking, the U. D. quality control system is characterized by efficiency which evidences long years of devotion to principle in the application of practical knowledge.

As a result, you may be sure that in specifying U. D. pharmaceuticals your orders are competently filled with materials of fundamental excellence. This quality is typical of the entire convenient, economical service provided for you and your patients by your neighborhood Rexall Drug Store.

U. D. Phyllofed Capsules and Enteric Coated Tablets—Effective in the relief of bronchial asthma—providing a convenient oral method for prophylactic as well as for symptomatic treatment.

AVAILABLE AT ALL REXALL DRUG STORES

UNITED DRUG COMPANY

U. D. products are available wherever you see this sign.

Rexall DRUGS

PHARMACEUTICAL CHEMISTS FOR MORE THAN 42 YEARS

Boston • St. Louis • Chicago • Atlanta • San Francisco • Los Angeles
Portland • Pittsburgh • Ft. Worth • Nottingham • Toronto • So. Africa

UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST • YOUR PARTNERS IN HEALTH SERVICE

the procedures and methods which have admittedly made American physicians great is *not* the American way. And neither the doctors as Americans nor the patients or citizens who value individualism, i. e., Americans, are going to like it.

Frank C. Metzger, M.D.

AUTHORIZED BADGE FOR MEDICAL PERSONNEL IN COMBAT

A special badge will be awarded to army medical personnel who serve with combat units under fire. The badge is of silver metal, elliptic, with the Medical Department's insigne, the caduceus, and the Geneva Cross superimposed on a litter surrounded by a wreath of oak leaves, and is to be worn on the left breast above decorations and service ribbons. The regimental commander is authorized to make the award for "satisfactory performance of duty under actual combat conditions." —J. A. M. A. March 17, 1945.

NATIONWIDE CANCER PROGRAM

The American Cancer Society launched a campaign for $5,000,000 during the month of April. To combat the second greatest scourge in this country, it is planned to organize research, to educate the American people in what may be done about cancer, and to establish detection clinics.

Seventeen million Americans are now doomed to die of cancer unless active participation by the public replaces fear and ignorance.

STATE NEWS ITEMS

Dr. Thomas E. McBride of Orlando was the guest speaker at the local Rotary Club meeting the early part of March. He spoke on "Diseases of the Heart."

Dr. B. Y. Pennington, Lake Wales, has entered the Fishing Hall of Fame, an organization composed of anglers who have landed bass weighing ten pounds or more.

Dr. R. D. Thompson, Orlando, was the guest speaker at a meeting sponsored by the Orange County Tuberculosis and Health Association at the Chamber of Commerce Building early in March. In addition to members of allied groups, the general public was invited. Dr. Thompson discussed the plan of extension of tuberculosis sanatorium service in Florida.

Notice has been received from Dr. John R. Phillips of Houston, Texas, that the annual meeting of the American College of Chest Physicians, scheduled to be held at Philadelphia, June 16-19, 1945, has been canceled. The Board of Regents of the College will meet at Chicago in June to transact necessary business.

Dr. Kenneth A. Morris of Jacksonville, representing the American Society for the Control of Cancer, addressed the local section of the National Council of Jewish Women at a meeting held on April 19. He presented an interesting and informative picture of the early signs of cancer.

Dr. H. V. Weems of Sebring was the guest speaker at the local Rotary club luncheon recently. His topic was "State Medicine."

Dr. Thomas Griggs, Miami, has resumed his practice after returning from military service. He is in his old location, 9526 N. E. 2nd Avenue.

WANTED—By Radiologist, position with a Florida hospital or physician. Desires warm climate because of wife's ill health. Not licensed in Florida. Graduate University of Maryland. Licensed in Maryland and New York. Age 60. Now Chief of Roentgenology in a large hospital. Best of references. Write 69-3, P. O. Box 1018, Jacksonville 1, Florida.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. W. R. Hutchinson of DeLand announce the birth of a son, Stephen, on March 10.

Dr. and Mrs. J. W. Sapp of Havana announce the birth of a daughter, Mary Sandra, on February 20.

DEATHS - MEMBERS

Dr. L. V. L. Brown, DeLand—March 20, 1945.

Dr. Thomas E. Buckman, Jacksonville—March 26, 1945.

OTHER DOCTORS

Dr. J. L. Prine, Day—March 6, 1945.

Dr. Furman C. Whitaker, Bradenton, March 8, 1945.



The
Clinitest Laboratory Outfit
for
Urine Sugar Analysis

CLINITEST



—the simple, fast tablet copper reduction test—

Streamlined to Eliminate Heating

is especially designed for both office and laboratory use. Laboratory outfit is practical and economical under all clinical requirements. Bulk packages of tablets supplied where a large number of tablets are used.



Byron Thompson & Company, Inc.
HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT
ESSENTIALS FOR SCIENTIFIC PROGRESS
P O BOX 2669 620-24 W BAY ST
Jacksonville 3, Florida

GEORGE LEITNER HARRELL

Dr. George L. Harrell, pioneer physician of Vero Beach and Indian River County, died Sunday, March 4, in a Miami hospital. He had been unable to practice actively for about a year due to illness.

Born at Fort White, March 20, 1885, he was educated at the Georgia State Teachers College, Athens, Ga., and at Emory University, Atlanta. He moved to Vero Beach and established his practice in 1917.

He was past president of the East Coast Medical Society and chairman of the board of the State Crippled Children's Clinic. He represented Indian River County in the State Legislature in the 1939 session. He was a member of the Vero Beach Baptist Church, of the Masonic Order and of the Mahai Temple at Miami. He was also a member of the St. Lucie-Okeechobee-Indian River-Martin County Medical Society, the Florida Medical Association and the American Medical Association.

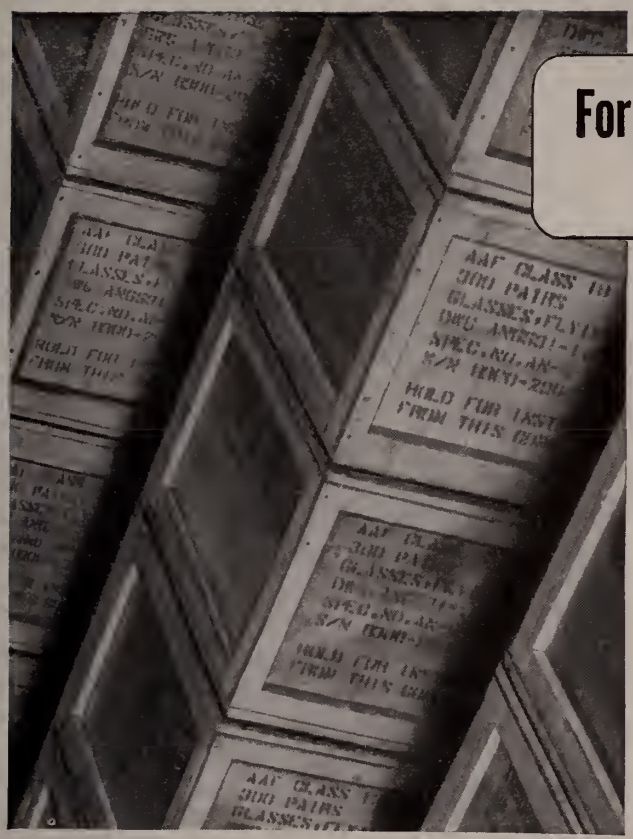
Dr. Harrell was loved and respected by people in all walks of life, including the Seminole Indians living west of town. His many white friends were joined at the funeral by colored residents and Indians. By proclamation of the mayor, all business houses of Vero Beach closed during the hour of the funeral and schools were dismissed early. The graveside services were conducted by the Masonic Lodge of Vero Beach.

Survivors are his wife, Mrs. Lila Byrd Harrell; a daughter, Mrs. R. Glenn Cooper of Charleston, S. C., and two sons, William H., and George L., Jr., both in the Navy.

EPHRAIM MAYS BREVARD

Dr. E. M. Brevard, grandson of a territorial governor of Florida, died at his home in Tallahassee on February 26, at the age of 73. He had retired from active practice about six years previously because of ill health, but had been seriously ill only a few days.

Born in Tallahassee April 16, 1871, he was a grandson of Richard Keith Call, who twice was territorial governor of Florida before the state was admitted into the Union. His father, Theodore W. Brevard, practiced law in Tallahassee and served as colonel of the second Florida regiment in the war between the states; at the time of his



For AO MILITARY SUPPLIES: Full Speed Ahead!

With increasing amounts of AO ophthalmic supplies being urgently required by the services, your patience and understanding are more than ever appreciated. Although our production is over three times greater than it was in 1938, the ophthalmic demands of the armed forces are of course proportionately larger.

American Optical COMPANY

Accident, Hospital, Sickness

INSURANCE

FOR PHYSICIANS—SURGEONS—DENTISTS
EXCLUSIVELY

All Premiums Come from Physicians, Surgeons, Dentists
All Claims Go to Physicians, Surgeons, Deintists

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

42 Years Under the Same Management

$ 2,700,000.00 INVESTED ASSETS
$12,600,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

86c out of each $1.00 gross income used for members' benefit

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Building, OMAHA 2, NEBRASKA



Allen's Invalid Home

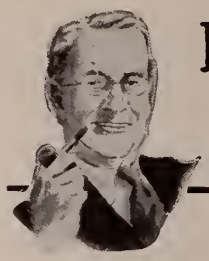
MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*

Terms Reasonable



From where I sit *by* Joe Marsh

How to Greet a Wounded Soldier

Charlie Jenkins got back from overseas the other day, discharged for wounds . . . and he was pretty well banged up.

Naturally, our town felt mighty bad about it. We wanted to sympathize with him and help him. But Dr. Walters set us straight about that.

He said that what Charlie wanted most was to be accepted as one of the gang again . . . as if nothing had happened. So we asked him over to pitch horseshoes with his good hand, and enjoy a friendly glass of beer and chew the fat like old times.

And you should have seen him pick up! From being scared of meeting people, Charlie got his confidence back and soon became his own self again.

From where I sit, the doctor gave us the right steer. The wounded men coming home don't want our sympathy or our overenthusiastic help. They want to be treated like the rest of us . . . with a chance to work and lead a normal life. And that's the least we can offer them.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

discharge he was a brigadier general. Dr. Brevard's mother was the former Mary Call.

Following his graduation from the medical department of the University of Maryland, Dr. Brevard served in the Spanish-American war as a captain with the North Carolina Volunteers. During the first World War he served on the county draft board.

Dr. Brevard divided his early practice between Tallahassee and Charlotte, N. C., and it was in Charlotte that he met and married the former Elizabeth Robertson, who survives him. He is also survived by a son, Theodore Brevard of Tallahassee.

Dr. Brevard was a member of the Leon-Gadsden-Liberty-Wakulla-Jefferson County Medical Society, a Life Member of the Florida Medical Association, and a member of the American Medical Association.

NORMAN EDWARD DITMAN

Dr. Norman E. Ditman of Palm Beach died Dec. 15, 1944, at the age of 67. A graduate of the Medical Department of Columbia University, class of 1900, Dr. Ditman became instructor in pathology at his alma mater. He served on the staffs of the St. Luke's, Roosevelt and Sloane Maternity hospitals in New York, and, after coming to Florida, about 1937, was on the staffs of the Good Samaritan and St. Mary's hospitals, West Palm Beach.

Dr. Ditman was a veteran of the Spanish-American War. He was a member of the National Defense Council and served as medical director of a Red Cross hospital during World War I. He served for two years as head of the public health division of the New York Academy of Medicine, and for many years as a director of the department of industrial hygiene of the American Museum of Safety. He was at one time visiting physician at the Ritz-Carleton, Pierre and Gladstone hotels in New York.

A member of the Palm Beach County Medical Society and of the Florida Medical Association, he was also a Fellow of the American Medical Association.



WOUNDS OF THE COLON . . . from the Portfolio, "War Injuries of the Abdomen."

Pioneers in research leading to the development of pharmaceuticals of outstanding merit, Ciba has also pioneered in publishing over 140 fine plates of normal and pathological anatomy in the past five years, such as the one reproduced here. Because many of the series are out of print, the most popular ones are being reprinted by request. And many more plates are planned for the near future. This is but another service that Ciba is proud to render to the medical profession.

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH


GOOD . . .
BUT sunbathing may be overdone. When this occurs, NUPERCAINAL* — the non-narcotic, prompt and prolonged-acting anesthetic ointment—is good to painful, burned skin.
NUPERCAINAL
a Ciba Product
Available in tubes of 1 oz., and jars of 1 lb.
*Trade Mark Reg. U. S. Pat. Off.
"Nupercainal" identifies the product as containing Nupercaine (α-butyloxycinchoninic acid-γ-diethylethylenediamide) 1 % in lanolin and petrolatum, an ointment of Ciba's manufacture.
CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED, MONTREAL



Dr. Randolph's Sanitarium
JACKSONVILLE, FLORIDA
Registered A. M. A.
FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES
Drug and Liquor Addicts
Aged and Chronic Invalids
Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.
JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist
4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
Phone 2-2330

The Brown School
San Marcos, Texas

FOR EXCEPTIONAL CHILDREN
Physically and Mentally Handicapped
Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book
Bert P. Brown,
Director
Box 177
San Marcos, Texas

Surgical Supply Company
T. EMMETT ANDERSON, PRESIDENT
Established 1916
Completely Stocked Warehouses and Display Stores at
MIAMI = JACKSONVILLE = TAMPA
OUR STOCKS OF SURGICAL SUPPLIES ARE THE
Largest and Most Complete in Florida
Surgical Supply Company
Has Served the Medical Profession Ethically and
Continuously Since 1916

TAVILEN

A HEMATINIC AND APPETIZER

SUPPLYING USP LIVER, THE NATURAL B COMPLEX AND IRON

A PALATABLE PHARMACEUTICAL PRODUCT, SUPPLYING THE WHOLE NATURAL B COMPLEX, BOTH HEMATINIC FRACTIONS OF LIVER WITH IRON.

IRON AND LIVER ARE TWO OF THE MOST VALUABLE AGENTS IN THE TREATMENT OF SECONDARY ANEMIA AND IT IS BELIEVED THAT BOTH TOGETHER ARE MORE EFFECTIVE THAN EITHER ALONE.

THE HEMATINIC FACTORS OF TAVILEN ARE COMBINED WITH AN ADEQUATE SUPPLY OF VITAMIN B COMPLEX, WHICH STIMULATES APPETITE, IMPROVES THE GASTROINTESTINAL SECRETIONS AND GASTROINTESTINAL TONICITY AND ALSO PROMOTES THE ABSORPTION OF FOOD AND ELIMINATION OF WASTE.

DOSE: ONE OR TWO TEASPOONFULS THREE TIMES A DAY, PREFERABLY BEFORE MEALS.

TABLEROCK LABORATORIES
Greenville, S. C.

LT. JAMES WILLARD McMURRAY

Dr. James W. McMurray of Williston died in the Billings General Hospital, Fort Benjamin Harrison, Ind., on December 14, 1945, at the age of 38.

Graduated from Tulane University in 1934 with the degree of Doctor of Medicine, he received his license to practice in Florida that same year. He soon entered public health work and became director of the Broward County Health Unit with headquarters at Ft. Lauderdale, and was later director of the Gulf-Calhoun-Franklin Unit with headquarters at Apalachicola. At the time he entered military service he was the health officer of the Gilchrist-Levy Counties Health Department. He was commissioned a first lieutenant of the Army medical corps on March 3, 1944.

Dr. McMurray was a member of the Marion County Medical Society, the Florida Medical Association and the American Medical Association.

COMPONENT COUNTY SOCIETIES

ALACHUA

The regular meeting of this local medical society was held at the Alachua County Hospital at 8 p.m., March 13. After a short business session, the guest speaker, Dr. G. C. Tillman, presented an interesting paper on "Carcinoma of the Fundis Uteri," which was discussed by Drs. John E. Maines, Thomas A. Snow and W. C. Thomas.

BROWARD

The Broward County Medical Society has paid 100% of its dues for 1945. Heading this society are Dr. Roland F. Fisher, president; Dr. Frank Denniston, vice president, and Dr. O. C. Brown, secretary-treasurer.

DADE

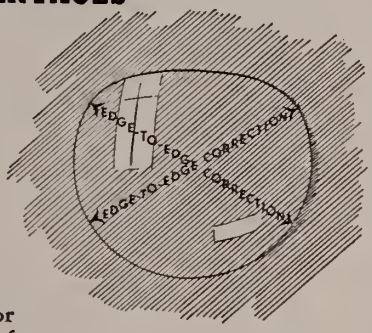
At the regular meeting of the Dade County Medical Society, held February 6 at the Jackson Memorial Hospital, a committee was appointed by Dr. Scheffel Wright to draw up plans for the transfer of the Jackson Memorial Hospital to the University of Miami.

Interesting talks were made by Lt. Derzaris and Dr. Quillman on "New Treatments of Venereal Disease," which stimulated a lively discussion.

The March meeting was held on the 8th at the Miami Woman's Club where a delightful meal

THE LENS WITH EXTRA ADVANTAGES

Orthogon



When the scientists of the Bausch & Lomb Scientific Bureau designed the Orthogon series they set up new standards in lens performance. Orthogons offer you full correction over the entire area of the lens, balanced curves for better appearance, and large blanks for modern lens shapes — plus Bausch & Lomb precision quality. While Orthogon popularity is so great that wartime demand may exceed civilian supply, we do our best to fill your Rx's in Orthogon. *In Soft-Lite, too.*

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of BAUSCH & LOMB products

COUNCIL ACCEPTED

Theocalcin

for the failing heart



A Wise Choice of Diuretic
and
Myocardial Stimulant

TIME PROVED - EFFECTIVE ORALLY
EASILY TOLERATED

To reduce edema and diminish dyspnea and to improve heart action prescribe 1 to 3 Theocalcin Tablets (7½ gr. each) t. i. d.

Theocalcin (theobromine-calcium salicylate), Trade Mark, Bilhuber.

BILHUBER-KNOLL CORP. ORANGE NEW JERSEY

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two weeks Intensive Course in Surgical Technique starting May 7, May 21, and every two weeks during the year. One week Course Surgery of Colon and Rectum June 11 and September 10.

GYNECOLOGY—Two Weeks Intensive Course June 18. One Week Personal Course Vaginal Approach to Pelvic Surgery May 21 and July 9.

OBSTETRICS—Two Weeks Intensive Course June 4.

ANESTHESIA—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

ELECTROCARDIOGRAPHY & Heart Disease—One month Course starting May 7. Two Weeks Intensive Course starting August 6.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore Street, Chicago 12, Illinois



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction.

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women.

was served. Dr. Joe Stewart was introduced and welcomed home on leave from military duty. Dr. Wiley Sams gave a report of the Board of Trustees and read the recommended changes in the by-laws of the Society. Dr. George Lilly gave a report of a special committee which is drawing up plans for proper legislation to transfer the Jackson Memorial Hospital to the University of Miami.

The program committee took charge and Dr. Harrison Walker introduced the speakers of the evening, Dr. J. R. Boling, president of the State Association; Dr. Leigh F. Robinson of Ft. Lauderdale, and Dr. Walter Jones. A symposium on State Medicine was conducted. Featured in this symposium was the plan being developed on prepaid hospital and medical service in Florida.

DUVAL

The regular meeting of the Duval County Medical Society was held Tuesday, March 6, at the Seminole Hotel. The meeting was called to order by Dr. James M. Bryant, president. Dr. Webster Merritt, chairman of the Program Committee, presented Dr. Paul Martin who gave an impressive paper entitled "Slipping Epiphysis in the Adolescent Hip." The paper was illustrated with roentgenograms. Dr. Frank L. Fort and Dr. John A. Beals led in the discussion.

A communication was read by the secretary from R. Henry P. Johnson, executive director of the Florida Council for the Blind, requesting the president of the Duval County Medical Society to present to Dr. Shaler Richardson a special Certificate of Merit in recognition of the services he has rendered.

Dr. Clayton E. Royce, retired, was made an honorary member of the society. The question of securing a permanent home for the Duval County Medical Society was discussed at length; some interesting plans have been developed. The meeting was well attended.

JACKSON

At a meeting of this society held recently at the Jackson Memorial Hospital, Marianna, the following officers were elected: Dr. D. A. McKinnon, president; Dr. R. L. Miller, vice president, and Dr. C. A. Adams, Jr., secretary-treasurer. This society has paid 100% of its membership dues for 1945.

recent extensive investigation confirms contraceptive effectiveness of the active ingredient in Koromex Jelly

A most illuminating report based on extensive clinical and experimental data has recently been published by Eastman and Scott (Human Fertility, 9:33, (June) 1944.) These authors studied the safety and efficacy of phenylmercuric acetate which is the active constituent of Koromex Jelly.

1 Clinical evidence showed that in actual use, phenylmercuric acetate jelly had a remarkable record for contraceptive efficiency.

2 The earlier work of Baker, Ranson and Tynen (Lancet, 2:882, (October 15), 1938), showing a very high spermicidal potency, was confirmed.

3 Toxicity was found low.

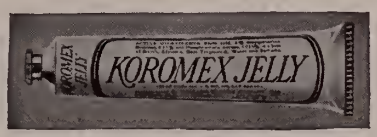
4 No evidence of irritability on the part of either the husband or wife.

In addition to the above qualities, Koromex Jelly, which also contains oxyquinoline benzoate and boric acid in a well buffered glycerine gum base, has the properties of adhering firmly to the vaginal lining and mixing readily with the vaginal secretions. It has optimum spreading qualities. Its pH of 4.6 is constantly maintained even in the presence of the buffering action of the protein seminal fluid.

Koromex Jelly does not stain. Is not excessively lubricating, and is well tolerated. Because of these qualities you can assuredly — prescribe Koromex *with confidence.*

Write for Literature.

Holland-Rantos Company, Inc. · 551 Fifth Ave. · New York 17, N. Y.



prescribe Koromex *with confidence*

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

S. A. Kyle Funeral Director
MEMBER National Selected Morticians BY INVITATION
17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA
Phones 5-3766 5-3767

Ambulance Directory
COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 MIAMI, FLORIDA
Phone 52101 MIAMI BEACH, FLA.
FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

MARION

The regular meeting of this society was held March 21 at the Hotel Harrington, Ocala. Following the luncheon a short business session was held.

It was an unexpected pleasure to have present Major James A. Borland of Jacksonville, now with the U. S. Army Medical Corps, who recently returned from service in Australia and the South Pacific. Another guest at the meeting was Dr. F. C. Vogt, formerly of Chicago and a former member of the Macoupin County Medical Society of Palmyra, Ill. It was reported that Dr. Smith L. Turner of Williston has been appointed Health Officer in his community.

The Marion County Medical Society has paid 100% of its membership dues for the current year. Officers of this society are Dr. C. W. Mimms, president; Dr. T. Hartley Davis, vice president, and Dr. Bertrand F. Drake, secretary-treasurer.

ORANGE

The Orange County Medical Society has paid 100% of its membership dues for 1945. Dr. Roland T. White is president of the society; Dr. Louis M. Orr, president-elect; Dr. R. D. Thompson, vice president; Dr. A. C. Kirk, secretary, and Dr. Dorothy D. Brame, treasurer.

PALM BEACH

Dr. E. W. Stephens was recently elected president of the Palm Beach County Medical Society to succeed Dr. H. R. Baldwin who resigned; Dr. G. W. Heath was elected vice president. This announcement was made by Dr. D. W. Martin, secretary of the society.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held Thursday evening, March 8, at the home of Dr. and Mrs. W. H. Walters of Lacoochee, who entertained the members at a quail dinner. A hearty vote of appreciation was extended the host and hostess.

Drs. T. J. Bradshaw, W. Wardlaw Jones and W. H. Walters presented interesting case reports, which were followed by a general discussion.

Dr. Bradshaw invited the society to meet at his home on April 12.

Present were Drs. T. J. Bradshaw, G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon, R. D. Sistrunk and W. H. Walters.

PINELLAS

A round table assembly was held by this society on the evening of March 16 at the home of Dr. H. E. Winchester of Dunedin. Capt. C. M. Young, guest cardiologist, spoke on "Cardiac Asthma and its Relation to Bronchial Asthma." Dr. P. H. Guinand acted as moderator.

Lt. Col. Roy R. Grinker was the principal speaker at a dinner meeting held by the society at the Detroit Hotel on April 6. His subject was "War Neuroses."

All members of the Pinellas County Medical Society have paid 1945 membership dues. This society is at present the largest in the Association to have a 100% paid membership.

ST. JOHNS

The St. Johns County is on the honor roll of medical societies whose dues for 1945 are 100% paid. Heading this society are Dr. Charles C. Grace, president; Dr. R. D. Harris, vice president; Dr. D. T. Rankin, secretary, and Dr. A. C. Walkup, treasurer.

SEMINOLE

This society has paid 100% of its membership dues for 1945. Officers of this society are Dr. J. A. Smith, president; Dr. W. H. Garner, vice president, and Dr. Leland H. Dame, secretary-treasurer.

TAYLOR

More than 125 friends and colleagues of Dr. O. F. Green of Mayo recently honored him on the occasion of his birthday. Four lighted candles on a large cake signified that he was four and then some. It is reported that the banquet in the evening was something long to be remembered.

WASHINGTON-HOLMES

The Washington-Holmes County Medical Society was paid 100% of its membership dues for 1945. Dr. B. W. Dalton of Vernon is the secretary-treasurer of this society.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.

Telephone—Highland 2101

HAVE YOU PATIENTS

With Any Of These Conditions?



Spencer Abdominol Supporting Corset shown open revealing inner support. This is o SEPARATE section, adjustable to the corset section ond the patient's figure by meons of flat topes that emerge on outside of corset.

Hernia?

Enteroptosis with Symptoms?

Sacroiliac Sprain or other Back Injury?

Spinal Arthritis Sciatica?

Postoperative Conditions?

Maternity or Postpartum Conditions?

Breast Problems?

When you prescribe a Spencer Support you are assured it will meet your specific requirements and the patient's figure needs, *because* it will be individually designed, cut and made for the one patient who is to wear it.

Every Spencer Support is individually designed for the patient of non-elastic material. Hence, the support it provides is constant, and a Spencer can be—and IS—guaranteed NEVER to lose its shape. Spencer Supports have never been made to *stretch to fit;* they have always been *designed to fit.* Why prescribe a support that soon loses its shape and becomes useless before worn out? Spencers are light, flexible, durable, easily laundered.

For service, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
129 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send booklet, "How Spencer Supports Aid the Doctor's Treatment."

Name_____ M. D.

Street _____

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. W. C. WILLIAMS, President.....*West Palm Beach*
MRS. P. J. MANSON, First Vice President.....*Miami*
MRS. J. E. MAINES, Second Vice President....*Gainesville*
MRS. C. D. ROLLINS, Secy.-Treas.....*Jacksonville*
MRS. LEIGH F. ROBINSON, Historian.....*Ft. Lauderdale*
MRS. F. W. KRUEGER, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

MRS S. M. COPELAND, Press & Publicity.....*Jacksonville*
MRS. RUPERT STOVALL, Public Relations..*Ft. Lauderdale*
MRS. C. H. MURPHY, Finance.....*Bartow*
MRS. CHARLES F. HENLEY, Legislation.....*Jacksonville*
MRS. GEORGE C. TILLMAN, Student Loan.....*Gainesville*
MRS. W. J. BARGE, Archives.....*Miami*
MRS. H. A. LEAVITT, Exhibit.....*Miami*
MRS. GORDON H. IRA, Hygeia.....*Jacksonville*
MRS. C. E. ROYCE, Bulletin.....*Clifton*
MRS. P. J. MANSON, Program.....*Miami*
MRS. J. E. MAINES, Organization.....*Gainesville*

DISTRICT CHAIRMEN

MRS. T. C. KENASTON, General Chairman.....*Cocoa*
MRS. LAURIE J. ARNOLD, JR., District "A"....*Lake City*
MRS. J. H. OWENS, District "B".....*Jacksonville*
MRS. JAMES C. GRIFFIN, District "C".....*Tampa*
MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

DUVAL COUNTY AUXILIARY

Stewart Thompson, managing editor of the Journal of the Florida Medical Association, was the guest speaker at the Woman's Auxiliary to the Duval County Medical Society at its quarterly luncheon meeting held at the Seminole Hotel in March. He spoke on the "Medical Directory of Florida," and explained in detail the reason why the Woman's Auxiliary had adopted this as an outstanding project for the year, and said that all county auxiliaries were cooperating. He suggested prizes for the auxiliary sending in the most contributions, the proceeds to be used for the loan scholarship fund at the University of Florida. His message was very interesting and well received by the members of the Auxiliary.

Mrs. Charles Henley, president, gave a report on the party for service men at the Jacksonville Naval Air Station, sponsored by the Auxiliary, in February. She said that every service man having a birthday in February was remembered in a very special way, and a delightful musical program brought much happiness and cheer to their hearts. Mrs. Frank Wilson and Mrs. L. M. Wachtel said these men expressed their appreciation for this pleasant surprise in no uncertain terms, and commented at length on the beautiful decorations used for the occasion. They said they felt the party was a great success.

Plans were formulated to send a box of clothing, hats, shoes, make-up, jewelry and other items to the Jacksonville Naval Air Station and Camp Blanding, to be used for costumes and other purposes in order to add pleasure and enjoyment to those in the service in their recreational activities.

A letter was read from the state president, Mrs. W. C. Williams of West Palm Beach, stating that in accordance with the action taken by the State Medical Association, the Woman's Auxiliary had canceled the State Convention to be held in Jacksonville in April 1945. The Auxiliary subscribed $25 to the general fund of the American Red Cross. A report of defense activities indicated that all members were participating in some type of war work.

Mrs. S. M. Copeland gave the highlights of a recent state board meeting of the Woman's Auxiliary to the Florida Medical Association. She announced that on April 30, "Doctor's Day" would be observed throughout the state with appropriate ceremonies honoring the memory of Dr. John Gorrie, a native of Pensacola, who first discovered the process of manufacturing ice while treating patients during the malaria epidemic of 1865.

Mrs. Copeland announced that a meeting of the Public Relations committee would be held at the Y. W. C. A., the date to be announced later. She urged members to cooperate with the Field Army for Cancer Control in the 1945 campaign during the month of April.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

PERSONAL MENTAL HYGIENE... By Dom Thomas Verner Moore, O.S.B., M.D., Ph.D., Professor of Psychology and Psychiatry, Catholic University of America. The present work has attempted to point out the possibilities of the ordinary emotional adjustments and at the same time to bring into psychiatry the higher things in human life without which the mind of man sinks to an animal level. Fabrikoid. Price, $4.00. Pp. 331. New York: Grune & Stratton, 1944.

MIAMI SURGICAL COMPANY

B. MARIAN BEALS, President-Treasurer
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302

213 S. E. First Street **MIAMI 4, FLORIDA**



"*When American people as a whole are educated to the fact that their...physician is the one best qualified to give authoritative information on matters pertaining to health...then only may they properly be fortified against the inroads of disease.*"

Edit.: Ill. Med. J. 82:407 (Dec.) 1942

To the above we subscribe wholeheartedly.

We believe it is the physician's role to diagnose the condition and prescribe the treatment.

We not only believe this—we live it, as a practical, working creed:

White Laboratories neither prepare nor send out advertising directed to the consumer.

We depend upon the physician to prescribe White's Pharmaceutical Products when they are indicated—

Just as the physician can depend upon White's for constant research, careful manufacture, standardization and complete cooperation.

PHARMACEUTICAL White LABORATORIES, INC. NEWARK 2, N. J. MANUFACTURERS



NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

JUN 2 1945

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXI JUNE, 1945 No. 12

IN THIS ISSUE

Inguinal Hernia in the Army
Major Milton N. Camp

Wartime Problems of the Health Department
W. W. Rogers

Medical Hero of Bataan Returns
An Editorial

Program of Graduate Short Course
June 25 - 30, 1945

Association's Financial Statements
Robert B. McIver, Treasurer

(Complete Table of Contents Page 552)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

The *Effectiveness* of ANTISYPHILITIC THERAPY

depends

not on disappearance of spirochetes alone



nor merely

the reversal of positive Wassermann reaction



but on

whether the treatment is such that within the shortest possible time the patient receives maximum protection against relapse and the infection of others.



PEOPLE who feel well balk at the idea of taking weekly injections, particularly if the injections are painful or make them feel ill. Therefore, once the early signs of syphilis disappear, many patients become indifferent to treatment. A recent survey shows that:

only 1 out of 4 clinic patients with early syphilis, undergoing the standard 70-week course, continues treatment long enough to receive minimal protection against infectious relapse.

A realistic approach to the problem is provided by the use of Mapharsen, a rapidly administered arsenical that minimizes the discomfort of injections; one which is well tolerated by the patient; and one which gives a high degree of protection in a short period of time. Consideration of these factors increases the possibility of securing sufficient cooperation on the part of the patient to insure the continuance of therapy beyond the point where relapse or the infection of others is possible.



Whatever method you choose, use

MAPHARSEN

Meta-amino-para-hydroxyphenylarsine oxide (arsenoxide) hydrochloride

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida.

Price $3.00 a year. Single numbers, 30 cents.

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville, 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

Inguinal Hernia in the Army, Major Milton N. Camp, Fort Lauderdale.... 575

Some Wartime Problems of the Local Health Department, W. W. Rogers, M.D., Jacksonville 578

Editorial: Medical Hero of Bataan Returns.... 584

Program of Graduate Short Course..... 585

From My Point of View..... 587

Association's Financial Statements..... 588

State News Items..... 590

Births and Deaths..... 592

Component County Society Notes..... 592

Woman's Auxiliary 596

Index to Volume XXXI..... 597

Index to Authors..... 605



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

MIAMI SURGICAL COMPANY
B. MARIAN BEALS, President-Treasurer
Established 1926

Hospital and Physicians' Supplies
Headquarters for
Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

Wyeth
REG. U. S. PAT. OFF.



Effective Prophylaxis, Efficient Treatment for *CHIGGERS!*

(RED BUGS)



NOW'S THE TIME THE TROUBLESOME CHIGGER MITE starts his regular summer offensive!

But he folds up quickly, completely—under the effective action of Sulfur Foam Applicators, Wyeth.

These applicators distribute particles of sulfur evenly, thoroughly, over the body in a most effective medium—bland soap foam.

N. B.: "The superiority of this form of sulfur over powders, ointment, pastes, etc., is without challenge!"*

During the coming chigger season, this timely prescription product will bring enthusiastic thanks from grateful patients!

*Romeo, Z. J.: Sulfur and Soap as Effective Prophylaxis Against "Chiggers" (Red Bugs) in the Army, Mil. Surgeon, *90*:437-439 (April) 1942.

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

Hot weather presents no problem when Lactogen is used for infant feeding . . . because



. . . when refrigeration is not available, each feeding may be prepared separately. The doctor can always advise the mother to prepare individual LACTOGEN feedings whenever the baby is ready for his bottle. Preparing each LACTOGEN feeding just before feeding time safeguards the baby against the danger of nutritional upsets caused by bacteriological changes in the formula.

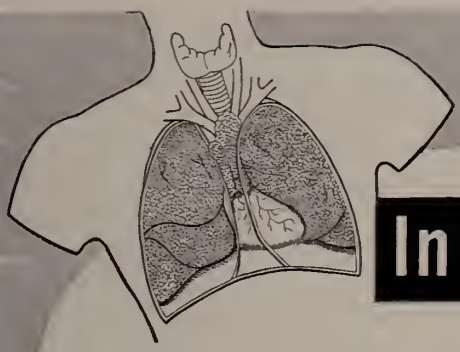
EASY TO PRESCRIBE

LACTOGEN	+ WATER	= FORMULA
1 LEVEL TABLESPOON 40 CALORIES (APPROX.)	2 OUNCES	2 FLUID OUNCES 20 CALORIES PER OZ. (APPROX.)

No advertising or feeding directions except to physicians. For feeding directions and prescription pads, send your professional blank to

Nestlé's Milk Products, Inc.

155 EAST 44TH ST., NEW YORK, 17, N. Y.



In the Pneumonias

DURING the recent past, numerous investigations have shown that penicillin is the treatment of choice in the pneumonias (pneumococcic, streptococcic, staphylococcic).* Penicillin is virtually nontoxic, even in the massive dosages at times required. Its efficacy apparently is the same against sulfonamide-resistant and nonresistant organisms of the groups named. Even in advanced stages of the disease, in the presence of serious complications, penicillin usually proves a life-saving measure.

Since penicillin has become available in quantities that may well be adequate for all needs, it merits being the physician's first thought with every pneumonia patient.

*Stainsby, W. J.; Foss, H. L., and Drumheller, J. F.: Clinical Experiences with Penicillin, Pennsylvania M. J. 48:119 (Nov.) 1944.

McBryde, A.: Hemolytic Staphylococcus Pneumonia in Early Infancy; Response to Penicillin Therapy, Am. J. Dis. Child. 68:271 (Oct.) 1944.

Stainsby, W. J., Chairman, Commission for the Study of Pneumonia Control of the Medical Society of the State of Pennsylvania: Up-to-Date Facts on Pneumonia, Pennsylvania M. J. 48:266 (Dec.) 1944.

Larsen, N. P.: Observations with Penicillin, Hawaii M. J. 3:272 (July-Aug.) 1944.

PENICILLIN-C.S.C.

Penicillin-C.S.C. deserves the physician's preference not only in the pneumonias, but whenever penicillin therapy is indicated. Rigid laboratory control in its manufacture, and bacteriologic and biologic assays, safeguard its potency, sterility, nontoxicity, and freedom from pyrogens. The state of purification reached in Penicillin-C.S.C. is indicated by the notably small amount of substance required to present 100,000 Oxford Units. Because of this purity, incidence of the undesirable reactions, attributed by many investigators to inadequate purification, is greatly reduced.

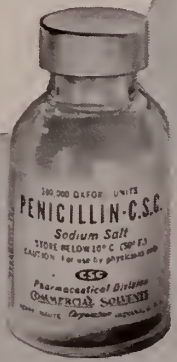
PHARMACEUTICAL DIVISION

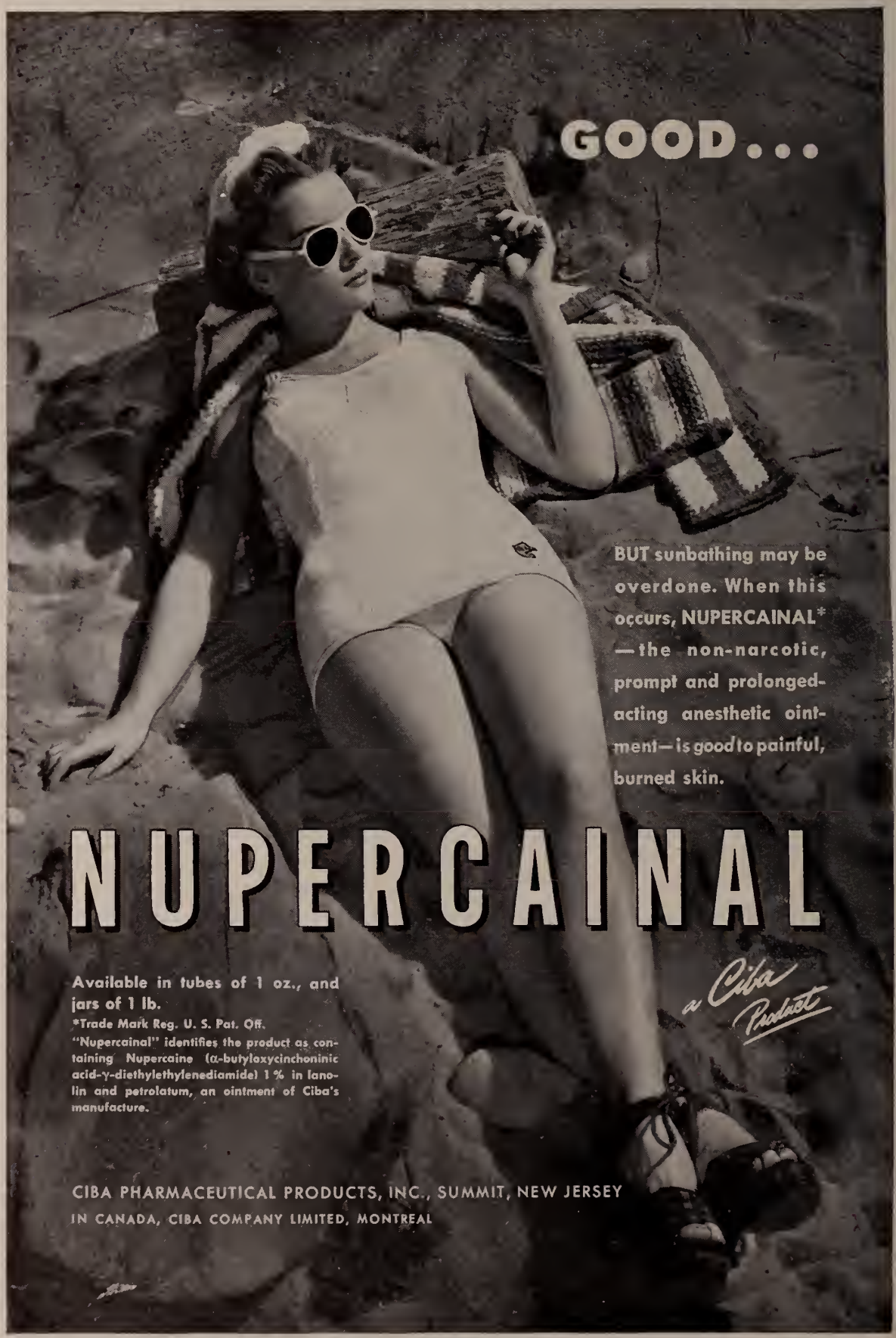
COMMERCIAL SOLVENTS CORPORATION

17 East 42nd Street CSC New York 17, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Penicillin-C.S.C. stands accepted by the Council on Pharmacy and Chemistry of the American Medical Association.




GOOD...
BUT sunbathing may be overdone. When this occurs, NUPERCAINAL* —the non-narcotic, prompt and prolonged-acting anesthetic ointment—is good to painful, burned skin.
NUPERCAINAL
a Ciba Product
Available in tubes of 1 oz., and jars of 1 lb.
*Trade Mark Reg. U. S. Pat. Off.
"Nupercainal" identifies the product as containing Nupercaine (α-butyloxycinchoninic acid-γ-diethylethylenediamide) 1% in lanolin and petrolatum, an ointment of Ciba's manufacture.
CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED, MONTREAL



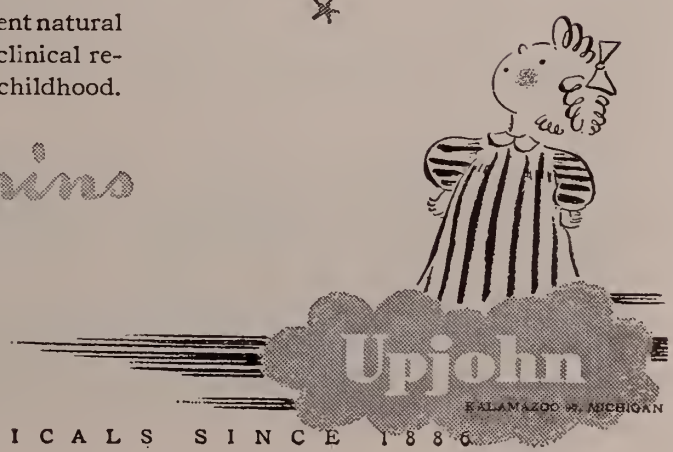
By the light of the moon

Might as well expect the average child to get adequate vitamin D "by the light of the moon" as to depend wholly on the sun. Even in the summertime when the sun is shining many children are not as exposed to it as we might think. Cloud filtration and the uncertainty of adequate exposure even in such sunny areas as California[1] have led leading nutritionists to the conclusion that supplementation with vitamin D is essential. Essential as long as growth persists—through infancy, childhood and adolescence.

Regardless of season or geography, Upjohn makes available convenient, palatable, highly potent natural vitamin preparations to meet the varied clinical requirements of earliest infancy through late childhood.

Upjohn Vitamins

1. Am. J. Dis. Child. **54**: 1227, 1937.



FINE PHARMACEUTICALS SINCE 1886



Indicated —

THOUGH SURGERY MAY BE NEEDED

Biliary tract surgery, though a true etiologic approach to the motivating disease, cannot immediately restore impaired liver function and bile flow. In fact, the impact of anesthesia and surgical manipulation may temporarily aggravate the existing hepatobiliary symptoms. Hence it appears imperative that further functional impairment be prevented and that the liver be assisted toward speedy resumption of secretory activity.

Decholin (chemically pure dehydrocholic acid) is of proven efficacy as a valuable aid before and after biliary tract surgery. Its specific hydrocholeretic action produces a copious flow of thin liver bile which is secreted under increased pressure and thus proves effective in physiologic drainage of the hepatobiliary pathways. Decholin is contraindicated only in complete obstruction of the common or the hepatic bile ducts.

SUPPLIED

Decholin in 3¾ grs. tablets. Boxes of 25, 100, 500 and 1000; and Decholin sodium in ampuls (3, 5, 10 cc).

Riedel - de Haen, Inc. • New York 13, N. Y.

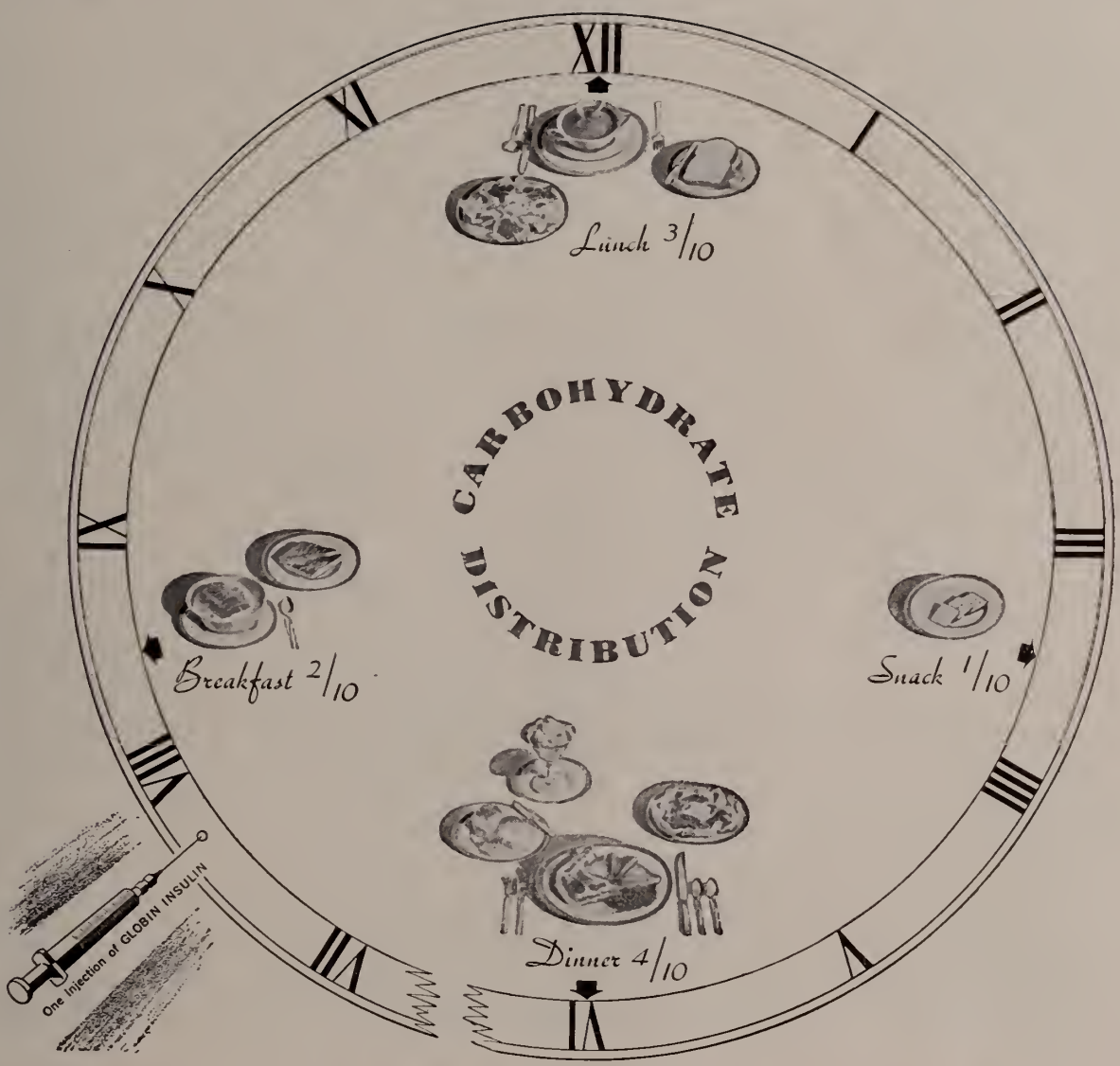
ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

COUNCIL ACCEPTED SINCE 1932

Decholin

REG. U.S. PAT. OFF.

PACE-MAKER OF BILE ACID THERAPY



DIABETES CONTROL *in tenths*

The physician planning a diabetic's diet with 'Wellcome' Globin Insulin will find it convenient to divide his patient's carbohydrate intake into tenths. Two-tenths for breakfast, three-tenths for lunch, one-tenth for a mid-afternoon snack, and four-tenths for supper will be found satisfactory for most patients.

Such a regime plus one injection of Globin Insulin daily will control most mild, moderate, and many severe cases of diabetes. Action is rapid in onset, sustained during daytime activity, and diminished at night—thus minimizing the likelihood of nocturnal reactions.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its relative freedom from allergenic properties, is comparable to regular insulin. Council accepted. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

'WELLCOME'
GLOBIN INSULIN
WITH ZINC

Literature on Request

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9 & 11 East 41st Street, New York 17, N.Y.

The Flying Capsules



R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

Now in use on the battle fronts, for speedy evacuation of wounded from nearly inaccessible areas, is this Helicopter with "capsule" stretchers attached to sides



WHEREVER our soldiers are fighting, Army medical men have established a speedy life line for wounded. So fast and so efficient is it that often the wounded are under the care of skilled medical officers *within a matter of mere minutes!*

In this stepped-up tempo of war, however, the Army doctor finds little "time out" for himself. When there is a "break" in his long hours, his relaxation may be limited to a few pleasant moments with a cigarette... very likely a Camel, for Camels are such a big favorite with men in all the services.

Camel — *costlier tobaccos*



ILLUSTRATION BY STAN EKMAN

PERFECT CONTROL

It never matters to dad how much help he gets from the back seat while driving the family car. It is mother's privilege to call the stops, curves, and turns, and it is likely that some time her advice might be helpful. Then there is always the chance that dad may suddenly have gone color-blind, or that his reflexes may have stagnated. He harbors no resentment, although he knows that he has the car under perfect control.

As a matter of fact, dad is accustomed to criticism. Down at the Lilly Laboratories where he is employed, his work is subjected to the unrelenting scrutiny of more than 200 critics. Pharmaceutical chemists and skilled laboratory workers supervise every manufacturing procedure. A blueprint and coupon system established many years ago, followed by experienced verifiers, virtually eliminates all possibility of error. Every single Lilly Product must be worthy of the name it bears.

Lilly



PROTECTION AGAINST *Tetanus*

THE THREAT of tetanus may now be met on two fronts. Tetanus Toxoid, Alum Precipitated, induces active immunization. In immunized cases, should injury occur, a high degree of protection is conferred by a stimulating dose of alum-precipitated toxoid. Tetanus Antitoxin and Tetanus–Gas-Gangrene Antitoxin (Combined) may be employed prophylactically, or, in the presence of active infection, in larger therapeutic doses.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

To those who wonder why we need still bigger War Loans

In the 7th War Loan, you're being asked to lend 7 billion dollars—4 billion in E Bonds alone.

That's the biggest quota for individuals to date.

Maybe you've wondered why, when we've apparently got the Nazis pretty well cleaned up, Uncle Sam asks you to lend more money than ever before.

If you have, here are some of the answers:

This war isn't getting any cheaper

No matter what happens to Germany—or when—the cost of the war won't decrease this year.

We're building up a whole new air force of jet-propelled planes and bigger bombers.

We're now building—even with announced reductions—enough new ships to make a fair-sized navy.

At the time this is written, our casualties are nearing the million mark in dead, missing, and wounded. Wounded men are arriving in this country at the rate of over 30,000 a month. The cost of caring for these men at the battle fronts, transporting them home, and rehabilitating them when they get here, is mounting daily.

No—this war isn't getting any cheaper. And won't for some time.

This year—2 instead of 3

We need as much War Bond money this year as we did last. But there will be only 2 War Loans this year—instead of the 3 we had in 1944.

Each of us, therefore, must lend as much in two chunks this year as we did last year in three. That's another reason why your quota in the 7th is bigger than before.

The 7th War Loan is a challenge to every American. The goal for individuals is the highest for any war loan to date. The same goes for the E Bond goal. Find your personal quota—and make it!





ALL OUT FOR THE MIGHTY 7th WAR LOAN

FLORIDA MEDICAL ASSOCIATION

This is an official U.S. Treasury advertisement—prepared under auspices of Treasury Department and War Advertising Council

An Announcement of Interest

to Every Member of the Medical Profession



"THE DOCTOR FIGHTS"

Now on the Air Every Tuesday with a Distinguished Cast

AGAIN you will hear, brilliantly dramatized, recent outstanding achievements of physicians both overseas and on the homefront. The message brought by "THE DOCTOR FIGHTS" will make it a program of exceptional interest to you.

Tuesday Evenings: COLUMBIA BROADCASTING SYSTEM
9:30 EWT • 8:30 CWT • 7:30 MWT • 6:30 PWT

SCHENLEY LABORATORIES, INC.

Producers of PENICILLIN SCHENLEY • *Executive Offices:* 350 FIFTH AVENUE, N.Y.C.

How Long is a good night's sleep?



Four? Eight? Sixteen hours? Eight hours most closely approximate the requirements for normal physiological recuperation. Ipral functions within this range. Given one hour before retiring, Ipral will carry the patient through a full night's sleep, unlike the shorter-acting hypnotics whose effects wear off quickly. Ipral will then permit the patient to wake up in the morning generally calm and refreshed; free from the lassitude of longer-acting hypnotics. Ipral Calcium (calcium ethylisopropyl barbiturate Squibb) in 2-grain unidentifiable tablets.

SQUIBB

Ipral TRADEMARK CALCIUM

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

AO TILLYER *Ful-Vue* BIFOCALS

...ELIMINATE THE IMAGES WITH "THE FRINGE ON TOP"



A "surrey with a fringe on top" is a pleasant, nostalgic sight, but *color* fringes have no place when reading through bifocal segments—either top or bottom. Ful-Vue Bifocals are so designed that vision through them is not affected by annoying color fringes. This color reduction feature is accomplished in most Ful-Vue Bifocal segments through the use of Barium glass—in high minus corrections through the use of dense flint glass in the segments.

To give your patients full satisfaction, prescribe Tillyer Ful-Vue Bifocals for maximum comfort. Ask your American Optical representative for demonstration.



American Optical COMPANY

Tillyer is a registered AO Trade-Mark

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverley R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

"don't smoke"...

IS ADVICE HARD FOR PATIENTS TO SWALLOW!

May we suggest, instead, *SMOKE "PHILIP MORRIS"?* Tests* showed 3 out of every 4 cases of smokers' cough cleared on changing to PHILIP MORRIS. Why not observe the results for yourself?

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

IN

ADRENO-CORTICAL

INSUFFICIENCY

- Addison's Disease
- Certain types of asthenia and other disorders associated with a deficiency of the adreno-cortical hormone

CORTATE

...Schering's desoxycorticosterone acetate, provides prompt, effective control of crises, as well as convenient, economical maintenance therapy. It is available in oil for intramuscular injection, as pellets for subcutaneous implantation, and in propylene glycol for sublingual administration.

SCHERING

Trade-Mark CORTATE Reg. U. S. Pat. Off.
Copyright 1945 by Schering Corporation

SCHERING CORPORATION • BLOOMFIELD, N. J.

CAMP

Orthopedic Support FOR Chronic Low Back Pain



Patient of intermediate type-of-build (skeleton indrawn)

This lumbosacral support is specifically designed to limit the range of the lumbar spine bending when either the framework or soft tissues of the low back are the seat of injury or disease. Effective support is given the gluteal region, the lumbar spine and the sacro-iliac and lumbo-sacral joints. The adjustment about the pelvic girdle prevents undue pressure of the upper adjustments and yet the presence of the center adjustment gives relief and comfort to the patient. Provision is made for reinforcement with aluminum uprights when indicated.

CAMP

ANATOMICAL SUPPORTS

Prescribed in many types for the condition illustrated and, for Prenatal, Postnatal, Post-operative, Pendulous Abdomen, Visceroptosis, Nephroptosis, Hernia and Orthopedic conditions.

S. H. CAMP & COMPANY
Jackson, Michigan

World's Largest Manufacturers of Scientific Supports

Offices in NEW YORK • CHICAGO
WINDSOR, ONT. • LONDON, ENG.

If you do not have a copy of our "Reference Book for Physicians and Surgeons", copy will be sent upon request.



Forming good habits early.

Mother has the satisfaction of knowing that making 'Dexin' formulas for her baby helps to assure sound habits of eating, sleeping and elimination.

The baby regularly takes his full quota of palatable 'Dexin' feedings. They are not excessively sweet, and do not dull the appetite. Adding bland foods to the diet is more easily accomplished.

A well-fed 'Dexin' baby is not awakened by unsatisfied hunger. 'Dexin' helps eliminate disturbances that might interrupt sleep. Its high dextrin content (1) reduces intestinal fermentation and the tendency to colic, diarrhea and constipation, (2) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' Reg. U. S. Pat. Off.



'Dexin' does make a difference

COMPOSITION

Dextrins	.75%	Mineral Ash .	0.25%
Maltose	.24%	Moisture . .	0.75%

Available carbohydrate 99% 115 calories per ounce
6 level packed tablespoonfuls equal 1 ounce

'DEXIN'

HIGH DEXTRIN CARBOHYDRATE

ACCEPTED AMERICAN MEDICAL ASSN.

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9-11 E. 41st St., New York 17, N. Y.

MEROZOITES OF PL. VIVAX

THE DRUG OF CHOICE FOR MALARIA



Newer clinical evidence based on controlled quantitative studies by civilian as well as Army and Navy investigators has established ATABRINE DIHYDROCHLORIDE as the drug of choice for the prevention and treatment of malaria.

Effective suppression of malaria can be accomplished over long periods of time by the proper use of ATABRINE.

In the termination of the acute attack in all forms of malaria, ATABRINE is fully as effective as quinine and is safer than quinine.

In the therapy of falciparum (malignant) malaria, ATABRINE is definitely superior in effectiveness to quinine.

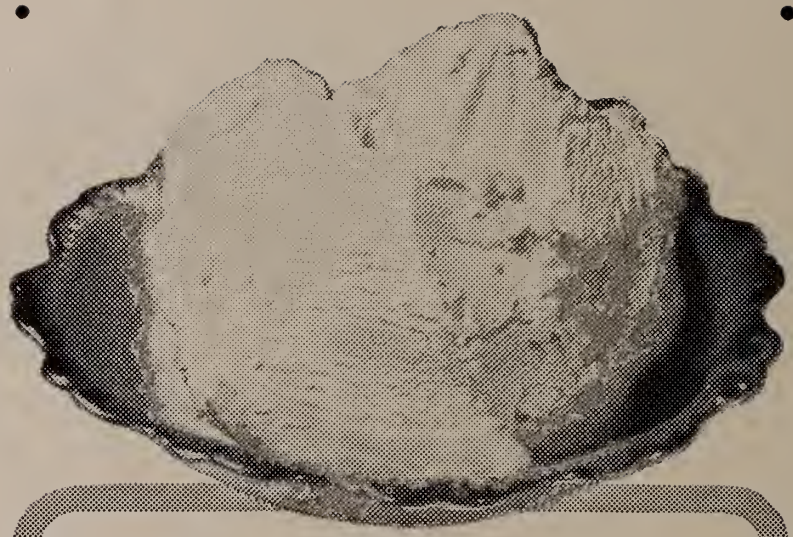
ATABRINE DIHYDROCHLORIDE

REG. U.S. PAT. OFF. & CANADA BRAND OF QUINACRINE HYDROCHLORIDE

. *Synthesized in our laboratories*

WINTHROP CHEMICAL COMPANY, INC.

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN • NEW YORK 13, N.Y. • WINDSOR, ONT.



Nourishment

IN ITS MOST DELICIOUS FORM



Yes, Sealtest Ice Cream is not only delicious but nourishing as well—for Sealtest Ice Cream in addition to supplying Vitamin A and calcium, also supplies all of the other milk vitamins, minerals and protein needed regularly in the diets of both adults and children.

Southern Dairies

Sealtest
ICE CREAM

NATIONAL DAIRY PRODUCTS CORP. Sealtest

Division of National Dairy Products Corporation

Does Tampax "Flat Expansion" assure "Natural Comfort"?



DECIDEDLY—

Yes

Only "flat expansion", provided exclusively by TAMPAX, can assure "natural" comfort. Because it so closely conforms to the contour of the normal collapsed vagina, many women are hardly aware of its presence in situ.[1]



Designed by a physician to meet *all* the requirements of modern menstrual hygiene, TAMPAX affords protection unrivaled in comfort, safety, convenience and external daintiness. Results of recent studies[1,2,3] confirm the efficacy of TAMPAX in abolishing menstrual odor...in providing freedom from the vulvar chafing of perineal pads...and safety from irritation or from blocking of the flow...as well as in permitting a wider range of activity during the period.

TAMPAX is available in three sizes: "Super", "Regular", and "Junior", with absorptive capacities of 45 cc., 30.3 cc., and 20 cc. respectively, for selective choice by discriminating women according to their needs. Professional samples gladly provided. The coupon below is for your convenience.



TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

REFERENCES: 1. West. J. Surg. & Gyn., 51:150, April, 1943. 2. Clin. Med. & Surg., 46:327, August, 1939. 3. Am. J. Obst. & Gynec., 46:259, 1943.

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax.

Name_____
(PLEASE PRINT)

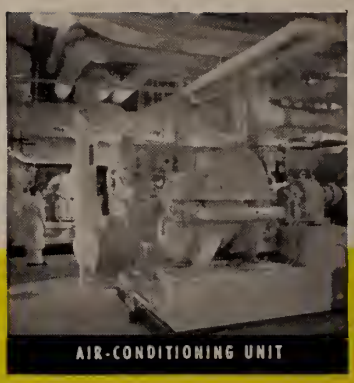
Address_____

City_____ State_____

FL - 65


SEPARATING BROTH FROM MOLD


FERMENTATION TANKS


AIR-CONDITIONING UNIT


MEASURING INHIBITION ZONES

CHEPLIN

GIVES

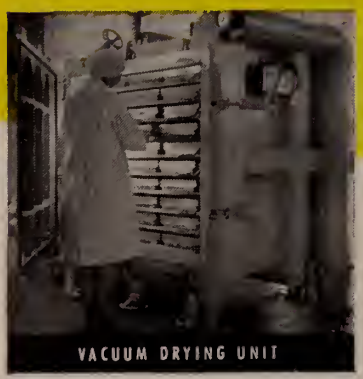
"Stat. Service"

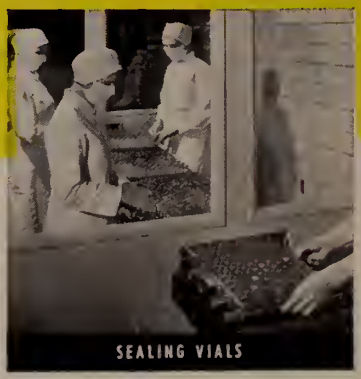
ON

PENICILLIN


PYROGEN TESTING


TESTING FOR IMPURITIES


VACUUM DRYING UNIT


SEALING VIALS

NEW $3,000,000 "DEEP TANK" LABORATORIES— SCIENTIFIC STAFF WITH SPECIALIZED KNOW-HOW— MAKE CHEPLIN A LEADER AMONG PENICILLIN PRODUCERS

World War II—and the critical need for life-saving penicillin—has changed Cheplin Laboratories from a modest manufacturer, specializing for two decades in parenteral therapeutics, to one of the five largest producers of penicillin in the world. This almost miraculous metamorphosis is not the result of haphazard growth. It is the result of careful planning by far-seeing, aggressive management and a carefully-selected, balanced staff of technicians and scientists.

Manufacturing Laboratories — Cheplin's new, air-conditioned penicillin laboratories represent an investment of $3,000,000. Our facilities are devoted solely to the manufacture of penicillin by the "deep tank method" which gives high yield at low cost.

Scientific Staff and Personnel—The amazing production record of these laboratories was achieved through the teamwork and ability of our meticulously-selected staff of bacteriologists, pharmacologists, chemists and medical men, and our highly-trained personnel. Research by this modern science-wise group has solved the many problems of large-scale production of penicillin. Today their research is aimed at broadening the uses of penicillin for the medical profession.

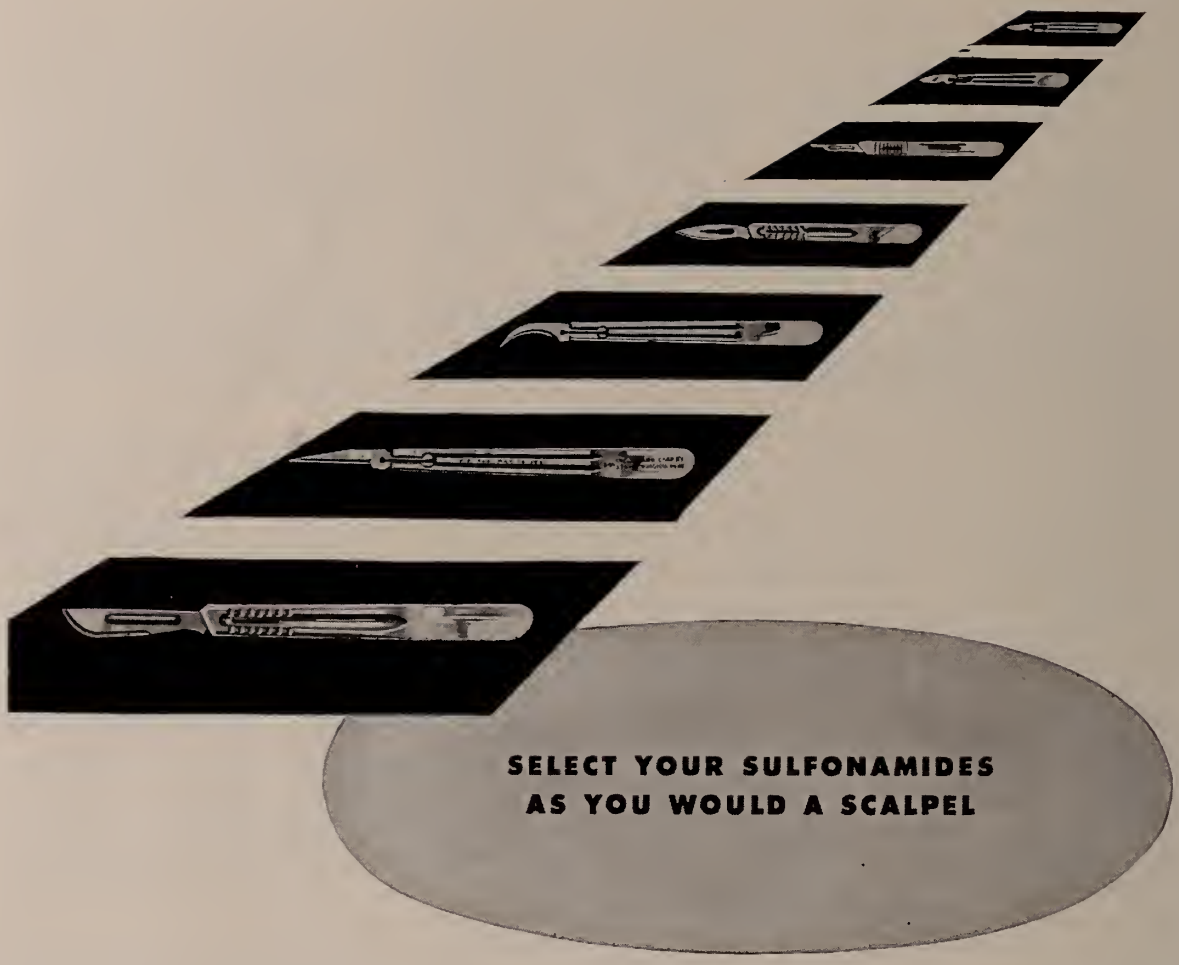
Quality of Cheplin Penicillin — Our penicillin measures high against all known standards, — absolutely sterile and pyrogen-free. Strict control insures a parenteral antibiotic of high purity.

Stat Service — Our carefully-planned, improved distribution facilities make Cheplin penicillin *quickly available* to serve the physician. We ship overnight *all orders* received.

When you ask your pharmacist or nurse for penicillin, you may in all confidence specify Cheplin penicillin.



CHEPLIN LABORATORIES INC., SYRACUSE 1, NEW YORK



It is axiomatic that good surgery requires good tools—tools that fit the job at hand. It is no less important to select the proper sulfonamide in an appropriate dosage form to meet and deal most effectively with specific infections.

Sulfonamides, Lilly, for systemic and local administration, are provided in a complete variety of dosage forms for every indication. They are quickly available through the drug trade.

Lilly

Eli Lilly and Company, Indianapolis 6, Indiana, U. S. A.

☆

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXI Jacksonville, Florida, June, 1945 No. 12

INGUINAL HERNIA IN THE ARMY

MAJOR MILTON N. CAMP, M. C., A.U.S.
FORT LAUDERDALE

The importance of the inguinal hernia in the army is obvious. The soldier performs his training and combat duties with greater efficiency if he is free of such a physical defect. The presence[1] of a hernia has been estimated to lower one's efficiency as much as 25 per cent. This figure was applied to the industrial world, but the Army is a big industry.

The incidence[1] of hernia has been considered as being around 10 per cent in men between the ages of 20 and 70 years. The estimate is lower for the present Army because of the average age of the soldier and because of preliminary induction examination. Many men have, however, entered the military service with a hernia. The defect was not recognized on induction, or changing policies allowed acceptance of persons with this pathologic condition.

McNealy[2] reported that the first million draftees examined for the present war had a 1.8 per cent rejection rate because of the presence of hernia. Page and his associates[3] stressed the seriousness of this defect in war time and mentioned the high incidence of 143 hernias noted in a group of 1,300 new recruits of the 35 to 36 year age level. More recently, Rowntree[4] advised that 229,000 men with hernia had been rejected among 4,049,000 Selective Service registrants 18 to 37 years of age in class IV F. In the series of cases presented, a total of some 13,000,000 examinations were made, and the rate of rejection because of hernia was about 1.7 per cent.

Two hundred and thirteen consecutive operative cases of inguinal hernia were treated, 180 of which were observed within the Continental United States and 35 overseas in the tropics of the South Pacific.

NOMENCLATURE

Standard terms of nomenclature were used in designating the types of inguinal hernia. Indirect, direct and recurrent are the varieties of hernia. The direct-indirect or saddle bag hernia, a combination of the direct and indirect types, was considered an indirect hernia since the direct sac was usually converted into the indirect sac and the repair was completed as for the indirect hernia. The recurrent hernia was direct, indirect, or a combination of the two. Complete and incomplete indicated the degree of herniation, and the state of herniation was designated as reducible and nonreducible. The location of the hernia was in 43.4 per cent of the cases on the left side, in 48.9 per cent on the right side and in 7.5 per cent bilateral. The indirect type of hernia was the most common variety encountered; it was present in 75.5 per cent of the cases as compared with 20.1 per cent in which it was direct and 4.2 per cent in which it was recurrent. The degree of herniation was 78.8 per cent complete and 21.1 per cent incomplete.

Table 1.—Summary of Nomenclature

Description	*States*	*Overseas*	*Total*
No. of Hernias	180	33	213
Location of Hernia			
Left	76 (44.9%)	10 (34.4%)	86 (43.4%)
Right	82 (48.5%)	15 (51.7%)	97 (48.9%)
Bilateral	11 (6.5%)	4 (13.7%)	15 (7.5%)
Type of Herniation			
Indirect	149 (82.7%)	12 (36.3%)	161 (75.5%)
Direct	23 (12.7%)	20 (60.6%)	43 (20.1%)
Recurrent	8 (4.4%)	1 (3 %)	9 (4.2%)
Degree of Herniation			
Complete	154 (85.5%)	14 (42.4%)	168 (78.8%)
Incomplete	26 (14.4%)	19 (57.5%)	45 (21.1%)
Reducible State			
Reducible	177 (98.3%)	30 (90.9%)	207 (97.2%)
Nonreducible	3 (1.6%)	3 (9 %)	6 (2.8%)

LINE OF DUTY

The liability status of a soldier's injury or illness is referred to as line of duty. The line of duty in a case of hernia depends upon the time the pathologic condition first became evident. The evidence of the hernia refers not only to the time that the soldier first became aware of the defect, but also to the time in the opinion of the military surgeon that the condition had existed as determined by the history, examination and pathologic change noted at operation. Stritzler[5] has gone more into detail in his recent publication on this subject.

Hernias which are present when the soldiers enter the military service, or which become evident during the first six months of service, are considered not in line of duty, but those which become evident after six months of service are considered in line of duty regardless of congenital origin. It is assumed that these latter hernias have been affected by military service. Trau-

matic hernias are rarely observed since recently lacerated tissues can seldom be demonstrated at operation, but in 33 cases the history obtained designated specific trauma as contributing to the presence of hernias.

Table 2.—Line of Duty Status

Description	*States*	*Overseas*	*Total*
Number	180	33	213
Average Age	28.4	27.5	28.2
Average Period Hernia Known Present	2.36* yrs.	.59** yrs.	2.08*** yrs.
Definite Traumatic History	29 (16.1%)	6 (18.1%)	35 (16.4%)
Line of Duty			
Yes	49 (27.2%)	28 (84.8%)	77 (36.1%)
No	131 (72.7%)	5 (15.1%)	136 (63.8%)

*Duration based on soldiers' histories in 163 cases.
**Duration based on soldiers' histories in 18 cases.
***Duration based on soldiers' histories in 181 cases.

COMPARISON OF CASES

A comparison of the cases in the series observed within the Continental United States with those overseas revealed a difference in the average period in which the hernia was known to be present, the line of duty, the type of hernia and the degree of herniation. Within the states the averages were 2.36 years for the known presence, 27.2 per cent in line of duty, 82.7 per cent indirect type and 85.5 per cent complete herniation; overseas they were .59 years for the known presence, 84.8 per cent in line of duty, 36.3 per cent indirect type and 42.4 per cent complete herniation.

These differences are explained on the basis that within the Continental United States the large hernia, evident for a long period of time, was usually dealt with, while in the South Pacific largely the small hernia of recent known presence came under observation. Physical defects such as hernias, with rare exception, are identified and corrected prior to sending the soldiers overseas.

Table 2.—Line of Duty Status the States and Overseas

Description	*States*	*Overseas*
Number of Cases	180	33
Average Period Hernia Known Present	2.36* yrs.	.59** yrs.
Line of Duty		
Yes	49 (27.2%)	28 (84.8%)
No	131 (72.7%)	5 (15.1%)
Type of Herniation		
Indirect	149 (82.7%)	12 (36.3%)
Direct	23 (12.7%)	20 (60.6%)
Recurrent	8 (4.4%)	1 (3%)
Degree of Herniation		
Complete	154 (85.5%)	14 (42.4%)
Incomplete	26 (14.4%)	19 (57.5%)

*Duration based on soldiers' histories in 163 cases.
**Duration based on soldiers' histories in 18 cases.

MAKING OF A FIT SOLDIER

Will operative repair of the hernia make a fit soldier? This is an important question that must be considered by military surgeons prior to any operative procedure. Consideration has to be given not only to the physical condition of the soldier but also to his mental state. Associated physical or mental conditions may be present that render him unfit for military service, and, if so, an administrative problem is present instead of an operative one.

The major points considered in the technical repair of the inguinal hernia were:

1. Elimination of the hernial sac.
2. Adequate repair of the inguinal floor.
3. Reconstruction of the internal and external inguinal rings in a manner so as not to interfere with the functioning of the structures of the spermatic cord.
4. Avoidance of injury to the ilioinguinal and iliohypogastric nerves.
5. Complete hemostasis.

All cases were individualized; so no specific operative procedure was routinely followed. Dickinson[6] emphasized the importance of selecting the procedure in the treatment of hernia best suited to correct the pathologic condition present. Suturing materials were catgut, cotton and silk, but cotton was preferred. Spinal anesthesia was used in all cases with one exception.

Indirect hernial sacs were excised, the neck being tied off with purse string or transfixing sutures reenforced with simple ties. Those sacs that were continuous with the tunica vaginalis were usually eliminated by "bottle operation." The direct weaknesses were corrected by excision, or, if only slight, a purse string suture was placed in the inguinal floor with the center being invaginated. This suture tends to approximate the conjoined tendon to the inguinal ligament, which aids in minimizing the tension of these tissues are sutured as in the Bassini operation.

The inguinal floor was most frequently repaired by approximating the internal oblique and transversus abdominis muscles to the shelving portion of the inguinal ligament, using interrupted sutures under a minimum of tension. The conjoined tendon was freed of any overlying fatty tissues in order that fascia could be approximated to fascia. A weakness at the lower angle of the wound was eliminated by the additional utilization of the fascial and ligamentous attachments of the pubic spine. No flaps from the an-

terior sheath of the rectus muscle were used in this series. In cases presenting unsuitable inguinal ligaments the hernia was repaired by using Cooper's ligament, but great care was exercised to avoid injury to the inguinal vessels. Utilization of this ligament has been lately advocated by Swenson and Harkins,[7, 8] and Gillespie.[9] One or both external oblique fascial flaps were required at times to reconstruct an adequate floor for the spermatic cord, but the lateral flaps were more often used in this manner, leaving the medial flaps for covering the cord. Extra aponeurotic transplantation of the cord placed it in a position more liable to trauma; so those that were transplanted in this manner were carefully covered with Scarpa's fascia.

Injuries to the ilioinguinal and iliohypogastric nerves were avoided during the initial incision in the external oblique fascia, during reconstruction of the inguinal floor and during closure of the external oblique fascia. These nerves have sufficient communication so that injury will not result in permanent disability, but will increase postoperative discomfort.

Avoidance of constriction of the spermatic cord was considered in repair of the internal and external inguinal rings and the inguinal canal to prevent resulting complications. The rapid change of station of the soldier gives the military surgeon opportunity to observe only the acute complaints; so care must be exercised to prevent later development of atrophic changes.

Complete hemostasis was important in these cases since the success of the operations depended directly upon adequate healing of the wound.

Table 4.—Operative Summary of Cases of Hernia

Description	*States*	*Overseas*
Anesthesia:		
Spinal	158	30
Spinal N20-ether	14	3
Spinal I. V.	7	0
Open Ether	1	0
Sutures:		
Catgut	97	32
Cotton	81	0
Silk	2	1
Type of Repair:		
Non-Transp. of Cord	0	*
Transp. of Cord	170	*
Extra-Ap. Transp. of Cord	10	*

*Data not available.

POSTOPERATIVE REGIME

The soldier with an inguinal hernia received the usual postoperative care rendered following any major operative procedure, but points will be emphasized that had special bearing on the hernia case. Adequate bed rest was essential for obtaining desirable postoperative results. Cases were individualized as much as possible, but the general routine was to keep soldiers with uncomplicated indirect, direct, recurrent and bilateral hernias confined to bed for fourteen, eighteen, twenty-one, and twenty-one days respectively. The scrotum was supported by a suspensory or scrotal bridge. A suspensory was worn after the soldier was allowed out of bed, and wearing it for two or three months after discharge from the hospital was advised. The total length of the period of hospitalization was individualized, but the general routine was to keep soldiers with indirect, direct, recurrent and bilateral hernias for a minimum of thirty, twenty-five, thirty-five and forty days respectively. The soldier with a hernia was not returned to full military duty, if of a laborious type, for a minimum of sixty days following the operation. Four methods were used to obtain this result:

1. The period of hospitalization was increased.
2. Convalescent furlough was given.
3. The soldier was discharged to duty of a temporary nonlaborious nature.
4. Convalescent or rehabilitation wards were set up with a graduation of physical exertion.

Table 5.—Postoperative Summary

Description	*States*	*Overseas*
Average days absolute bed rest	17.6*	**
Average postoperative hospital days	32.4	32.5***
Average total hospital days	37.8	36.2***

*Average based on 138 cases.
**Data not available.
***Average based on 23 cases (10 patients remained in hospital.)

COMPLICATIONS AND ASSOCIATED CONDITIONS

The average highest postoperative temperature was 100.2 F. for the group within the states and it was 100.5 F. for the group overseas. The first postoperative day was the average time for all of the highest elevations of temperature. There were no deaths and only one known hernial recurrence. In 5 cases there developed sufficient hypostatic pathologic change in the lung to require roentgen study. Infection complicated healing wounds in 5 cases, being superficial in all, and good end results were obtained. The occasional small superficial accumulations that followed catgut suturing were not considered infections. These accumulations were more common in the tropics in all types of postoperative wounds and frequently did not occur until thirty or forty days postoperatively.

Acute epidemic hepatitis[10] following vaccination for yellow fever presented itself in 2 cases of bilateral inguinal hernia postoperatively on the third and twelfth day respectively. In 1 unilateral case the operation was performed twenty days following recovery from mild hepatitis. In all of these cases recovery was uneventful.

Two unusual hernial cases, superficial interparietal inguinal hernia and bilateral direct inguinal and femoral hernias, appeared among the cases in this series. They have been reported elsewhere.[11]

SUMMARY

Two hundred and thirteen cases of inguinal hernia with operation observed in the Army are presented. These cases are discussed as to nomenclature, line of duty, technical considerations in repair, postoperative care, complications and associated conditions. A limited comparison is made between the cases occurring within the Continental United States and those observed overseas in the tropics of the South Pacific.

REFERENCES

1. Bratrud, A. F.: Hernia in Industry, Clin. Northb America **22**: 1091-1105 (Aug.) 1942.

2. McNealy, R. W.: Handicaps of Hernia in Industry, Wisconsin M. J. **42**: 214-216 (Feb.) 1943.

3. Page, C. M., and Edwards, H.: Discussion on Hernia, Proc. Roy. Soc. Med. **36**: 185-189 (Feb.) 1943.

4. Rowntree, L. G.: National Program for Physical Fitness, J. A. M. A. **125**: 821-827 (July 22) 1944.

5. Stritzler, C.: Line of Duty, Mil. Surgeon **94**: 286-292 (May) 1944.

6. Dickinson, A. M.: Am. J. Surg. **64**: 1, 1944.

7. Swenson, S. A. Jr., and Harkins, H. N.: Surgical Treatment of Recurrent Inguinal Hernia with Special Reference to Cooper's Ligament Herniotomy and Use of Free Fascia Grafts, Surgery **14**: 807-818 (Dec.) 1943.

8. Harkins, H. N., and Swenson, S. A., Jr.: Cooper's Ligament Herniotomy; Clinical Experience in 322 Consecutive Cases, S. Clin. North America **23**: 1279-1297 (Oct.) 1943.

9. Gillespie, W. F.: Physiological Principles in Repair of Inguinal Hernia; Address in Surgery Before Royal College of Physicians and Surgeons of Canada, Canad. M. A. J. **49**: 29-33 (July) 1943.

10. Camp, M. N., and Cupp, H. B.: Surgical Conditions Associated with Acute Epidemic Hepatitis, J. Florida M. A. **30**: 67-69 (Aug.) 1943.

11. Camp, M. N., and Andrews, S. E.: Hernias; Report of 2 Unusual Cases, Am. J. Surg. **63**: 259-260 (Feb.) 1944.

BUY

WAR

BONDS

SOME WARTIME PROBLEMS OF THE LOCAL HEALTH DEPARTMENT

W. W. ROGERS, M. D.
JACKSONVILLE

I sincerely hope that you gentlemen have not been keenly aware of the multiplicity and seriousness of the problems with which the Health Department has been faced since the beginning of the defense era. If you are not keenly aware of them, it would mean that these problems, for the most part at least, have been met with appropriate solutions by those who are primarily charged with such responsibilities, and that you have not been unduly distracted or diverted from your increased responsibilities by our failures. If we should fail to accomplish our mission as public health administrators, your burdens would be increased commensurately with our failures.

Many of you are directly connected in one way or another with the general program of organized community health service, and all of you are a part, a most important part, of this undertaking because of the very nature of your profession. In short, we are all working for the same general purpose, but in somewhat different fields—fields which I sincerely hope will always remain different.

I dare say, however, that unless you have undertaken some phase of public health administration during the last three or four years, you cannot know the magnitude, the seriousness, the diversity and the discouragements of the many vexing problems with which we have been faced recently. I have chosen to talk to you about some of these tonight, not because I have any desire to worry you with our troubles,—God knows you have enough of your own—but rather because I should like you to gain a broader appreciation of the whole picture. In this way you may also be better able to sympathize with us if it of your magnificent cooperation with us; and you may also be better able to sympathize with us if it should sometimes seem to you that everything is not going exactly right. We have made mistakes in the past, and we shall make mistakes in the future; but they will be mistakes of the head and not the heart. They will be made, I am sure, in spite of your help and cooperation, rather than for the lack of them.

I am happy that I can say without reservation: Whatever we have accomplished, however suc-

City Health Officer.

Read before the Duval County Medical Society, Jacksonville, Feb. 6, 1945.

cessful we may have been in producing good results, these successes have been due in large measure to the kindly understanding and active assistance of this society and its individual members. You have recently manifested this spirit of cooperation in an unprecedented and most tangible and practical way, by naming a special committee, with strong membership, to assist the City Health Officer in his most weighty and bewildering problems. I expect to make full use of the counsel and advice of this committee.

VENEREAL DISEASE CONTROL

The first impact of the defense effort was felt in the field of venereal disease control. There has been a great deal of publicity, both desirable and undesirable, on this subject, and whatever I might say about it would be largely in the nature of a review to you. But certain salient features may be mentioned, because the metamorphosis of venereal disease control locally has been most interesting, and in the main, productive of satisfactory results. We believe we have been able to scratch the surface.

A few years ago there was little in the way of a concerted, integrated, organized effort on the part of the community as a whole toward the effective control of the venereal diseases. What little we knew of the actual rates indicated that they were exceedingly high. The town was wide open, so to speak, and public diagnostic and treatment facilities were extremely limited. The laws were especially feeble, and enforcement in many instances was lax or nonexistent. The first accurate, authentic indication of the city's status in point of rates, came like a bolt out of the blue. Selective service figures revealed that Florida led the nation in the incidence of syphilis among prospective draftees, and Jacksonville was no white spot on this map.

The rates for venereal disease among service men stationed in this vicinity were high. Military officials complained and warned us that these rates must be reduced. The United States Public Health Service and the State Board of Health offered help. But what were we to do? Honest opinions varied. Some thought this, some thought that. Some were idealists, some were fatalists, and some had personal prejudices. A few had axes to grind, or financial or political interests in reform measures. It was apparent to all, however, that this problem of venereal disease control was not purely a public health or medical problem. It involved legislative procedure, political courage, juvenile sociology and public education. Its ramifications tapped the very vitals of human behavior, and its practical applications would touch upon virtually every facet of human life.

A wise course must be plotted amid turmoil, else failure was inevitable. Our only local precedent, that of simply closing houses of prostitution during World War I, was bitterly regretable. Was there something new under the sun? Could we devise a practical, effective plan and actually gain enough cooperation on the part of other agencies, and enough support of public opinion, to make it work? The answer was—yes.

Without reviewing the tedious course of events during the period between 1940 and now, I can say that the rates for venereal disease among service personnel in this area have decreased notably and that civilian rates are apparently on the decline. During the period between July 1 and Dec. 31, 1942, the service rates improved to a greater extent here, I believe, than in any other city in the United States. During this period there was a spectacular drop from about 50 per thousand per annum to about 10 per thousand per annum. This was due directly, in my opinion, to the compulsory examination of women who were convicted in police court of charges allied to promiscuity, and their quarantine at the City Prison Farm if found to be infected. We have been able since that time to perfect to a great extent this crude, but effective, beginning and to maintain a system which has been eminently successful, according to officials of the United States Public Health Service. Aberrations in rates of any great significance seem to have been due to factors beyond our immediate control.

Jacksonville has one of the best organized and most effectively operated venereal disease clinics and rapid treatment centers in the country, and it also has a method of contact follow-up and case control that has brought pronouncements of high praise from many sources, both official and unofficial. We are pleased, but not content. There is more to be done. Dr. Pelouze believes we are in the middle of an extensive epidemic of gonorrhea, if we did but know it, and I am inclined to believe he is right. The reasons for this conclusion would fill a book; but if it is true, it would seem that parents, and teachers, and ministers and others who control or influence youth, have lagged somewhat behind us, as we have concentrated our efforts toward providing adequate control machinery. Perhaps our own educational programs, too, have been insufficient.

PERSONNEL

In due course of events came another major problem, that of shortage of personnel and the rapid turnover that always accompanies this state of affairs. There is little we can do about it, except to use that which we have in the most effective way. We have lost many of our best and most efficient employees to the armed services, and no doubt more are yet to go. Those who remain are doubling and tripling their efforts. The morale is good, but the job seems to get bigger all the time. The new employees are learning and producing to the best of their ability. The ranks are filled as rapidly as possible. But time and war bring changes, with which we are not constantly able to keep pace. We try to absorb the difference, and do so to a large extent; but the community may feel the full impact of this strain at any time.

For instance, the isolation pavilion at Brewster Hospital, which we labored so hard to obtain, cannot be placed in operation because it cannot be staffed with house physicians and experienced nurses. Suppose we should need it—urgently. What would we do? Such shortages are not limited to Brewster Hospital. If we should be visited with an epidemic of any of the acutely dangerous communicable diseases, we could only fervently hope and pray for deliverance, so far as I now know.

Again, here is a city with strong and adequate ordinances for the control of stray dogs, yet overrun with them and subjected to all the concomitant evils thereof. Why? Because we have only five men and two worn out trucks to assign to dog catching over an area of 50 square miles with a population of 275,000 people and at least 10,000 dogs. I might also mention that many of our people are totally unconcerned about the problems resulting from dogs running at large in a congested community, and many others are more concerned about their dogs' fancies and tendencies than they are about public health, human safety, or the rights of their fellow man.

Many of our finest, most thoughtful and considerate people are dog lovers; likewise, some of our damnedest fools and most irresponsible citizens. More effective measures can be employed when additional personnel and equipment are available. Meanwhile we shall continue to do the best we can with a bad situation and continue, I suppose, to pump Pasteur treatment material by the gallon into the bellies of persons who have been exposed to rabies. There have been few human deaths from rabies here during the last twenty years. I hope our luck holds out.

ENVIRONMENTAL SANITATION

General environmental sanitation has come in for more than its share of handicaps and discouragements. The city has practically doubled in size, while our staff of patrolmen and sanitarians has remained the same numerically. Many changes have occurred in the personnel, for it is this group which has been heaviest hit by the demands of the armed services.

Many of our new residents and visitors are lacking in a sense of community pride, or community spirit, which might prompt them to cooperate with us more fully. Repair services such as plumbing and carpentry, are difficult to secure. People are crowded together in inadequate housing facilities in many areas. There is practically no such thing as domestic help, and in many instances children, or aged, or infirm persons are left responsible for the sanitation of premises, because the able bodied members of the family are either in the armed services, or in full time war work.

The street cleaning and garbage collection services of the city government have been severely crippled, both by loss of labor and shortage of equipment. There is about half as much as there was, with which to do twice as much as there was. And when the salvage agencies, or other worthy activities, require transportation facilities, it is the rule that the city's equipment is called upon to furnish these services. If this accommodation is granted, the job which is primarily the responsibility of the city suffers. If it is denied, those who are responsible are accused of being unpatriotic and uncooperative. You are damned if you do and damned if you don't.

The composite picture is not pretty to look at. Jacksonville used to be one of the cleanest large cities in the country. It is still able to hold its head above water so far as dangerous dirt is concerned, but so much cannot be said for just plain ugly dirt.

FOOD SANITATION

The Division of Pure Foods and Laboratories has been subjected to enormous pressure and problems. This field of work includes supervision over restaurant sanitation and the milk supply of the community, two of the most potentially explosive elements of community service from the public health point of view. Of course the water supply also falls into this category, but locally we are blessed with an artesian supply, which needs

only to be carefully handled in storage and distribution to ensure safety.

The milk supply and general public food sanitation, however, pose somewhat different problems. These are sources of serious trouble if pathogenic contamination occurs, and as we of the Health Department have been handicapped by shortage of personnel and by inexperienced help, so have the restaurants, dairies and milk depots had these difficulties imposed upon them. Also, as we of the Health Department have had our scope of activity doubled, these institutions have been called upon to double or triple their normal capacities of output. They are also suffering the ravages of time and excessive use in point of their mechanical equipment. Repairs are difficult to obtain, and new or additional equipment is almost unobtainable.

Before the war, Jacksonville had one of the finest milk supplies of the entire country. Our local production was adequate and the milk was all of Grade A quality as defined in our local ordinance, meaning, in short, a butter fat content of not less than 4 per cent and a bacterial count of not more than 20,000 after pasteurization, or in the case of raw milk, a bacterial count not in excess of 30,000 on delivery to the consumer. But with our war-swollen population and our war-depleted ability to produce milk, came the necessity of importing it from other areas. Of course this imported milk comes from approved sources and meets certain standards of quality as it arrives here, but it does not meet the standards set up for our local Grade A milk. Thirty years of hard work have been required for Jacksonville to obtain this high standard of quality for its milk supply, and now there seems to be the impending probability that this standard is about to be seriously impaired, or even completely undermined.

The law provides that the Health Officer may, under duress of emergency, allow milk of lesser grade than Grade A to be distributed in Jacksonville for the duration of such emergency. Distribution of such milk is being allowed, but we insist that it be properly labeled and not be passed on to the consumer as Grade A by Jacksonville standards. So far, so good.

Nevertheless, with two grades of milk being handled by the same distributors, the two grades are apt to become more and more indistinct, or coalescent if you will. For instance, when shipped milk is available, and customers for raw milk are short, it could happen that some of the shipped milk might find its way into the distribution channels of raw milk and be labeled Grade A Raw. Or, if locally produced Grade A pasteurized milk is shy of demand, it could happen that some of the imported milk might be channeled into this distribution and labeled Grade A Pasteurized. But worst of all, it could happen that in order to maintain some semblance of control over local production, we might have to demand certain corrections in methods and sanitary measures at some of the local dairies, and the dairymen involved might say, "How come? Our milk, like it is, is just as good or better than that shipped milk."

All these things did happen. A feverish attempt to step up local production to meet the entire local demand has thus far failed and offers no immediate prospect of success. The possibility that local production might be increased to meet all civilian requirements offers no comfort, for the declared policy of the Navy is to obtain for its men a milk supply which is of a quality not inferior to that commonly distributed in the area in which its men are stationed. In effect this means that we probably cannot return to the gold standard entirely until we can produce enough milk locally to supply the local Navy personnel as well as the civilian population. This situation may seem a bit unfair inasmuch as the Navy may accept under contract milk of lesser standards than our Grade A; but since it is the Navy's declared policy, we bow in submission and admit that our armed services are entitled to the best of everything we can possibly give them.

Our local policy is still, therefore, confused. The local producer-distributor who has consistently marketed strictly Grade A milk, according to our definition, demands protection of his label. The distributor who has imported milk to supply the swollen demands of the times does not relish being penalized for his efforts by being compelled to abandon the Grade A label. So, where do we go from here?

There must be a meeting ground somewhere, but thus far our efforts to find it have not been sufficient. Everybody concerned is dissatisfied, and I most of all. Whatever compromise we finally reach, it must be based upon the health and welfare of the community, including the service personnel stationed here. Its primary consideration must be a long range program based upon principals of quality of the milk supply. Commercial aspects are of secondary importance, but not of negligible proportions; nor can they

be ignored. If our producers and distributors, or either of them, should suffer reverses to the point of failure in business, our whole milk supply might be completely demoralized and disrupted. Their interests must be guarded, as well as ours, if final solution of the problem is to remain tenable.

ICE SHORTAGE

Before bringing this talk to a close I should like to tell you briefly something about the ice shortage of last summer. Such a crisis almost occurred during the summer of 1943, but was narrowly averted. The threat was so ominous, however, that the council passed an ordinance to the effect that should the Mayor declare that an emergency exists, full control of the distribution of all available ice would automatically rest with the City Health Officer, and his directives would have the effect of law for the duration of the emergency.

You can readily see that this responsibility would be of gigantic proportions, and the proper discharge of such responsibility would necessitate depriving certain powerful and influential interests of the ice necessary for their continued operation. Thus the Health Officer would probably be subjected to a barrage of complaints, criticisms and even threats and abuses. It would also probably bring several prominent persons into court.

In June of 1944 the ice shortage did become so real and so dangerously acute, and it was so apparent that no relief was in prospect for the immediate future, that the Mayor declared an emergency. Then, all at once, I was "it," the Ice Czar, as the newspapers dubbed it. There was no precedent from which to draw help in planning. Nobody, so far as I knew, had ever been placed in such a position before. Certainly nobody had ever looked a responsibility in the face with more dread than I did that one. My decisions would be final, and they would control a commodity which was a vital necessity to the preservation of the public health. I was afraid of what might eventuate, but I knew that public sentiment and the power of the law were behind the movement.

In conference with the ice manufacturers and distributors, officials of appropriate governmental agencies, representatives of the city attorney's office and others in a position to give advice, we worked out certain sweeping directives. They were published and they became law. Then, much to my actual surprise and unlimited joy, all the interests concerned most intimately and extensively fell in line as if by common consent. Everyone in a position to do so gave help freely and liberally, with few minor exceptions. The spirit of cooperation manifested at that time was inspiring and engendered within us a new faith in mankind. There were violations and abuses, but they were the exceptions.

The plan was working. An ominous threat to the health and welfare of the community was lifting. Soon we reached the stage where difficulties surrounding delivery service gave origin to most of the complaints. Necessary ice was made available to essential users, but many of them could not obtain regular deliveries and could not conveniently go to the platforms and carry home their ice. These complaints did not fall strictly under the head of our business, but they gave us more trouble than did the aspects of the problem which were our responsibility. It is that way in many fields of endeavor.

And so, we lie not in a bed of roses; but if it be roses, there are thorns to wound the flesh. We shall not complain, however, because it seems that much has been accomplished in the face of adversity. We have been able thus far to hold our own, and even to gain on the grim reaper in his quest for victims from communicable and preventable causes. We shall therefore not begrudge the cost in hard work, nor feel too badly about the 90 cents per capita per annum that we cost the taxpayers.

Now, just as sort of a nightcap, or dessert, to leave a good taste in your mouths, let me present an excerpt from the score sheet. This tabulation of death rates in Jacksonville from communicable or preventable diseases is made up of the average rates for the decades 1910-20, 1920-30, and 1930-40, for each given cause, with the rates from these causes for 1944. The infant mortality and crude death rates are similarly arranged.

TABLE I

Average Death Rates from Certain Causes per 100,000 *Population by Decades,* 1911 *to* 1940 *Inclusive, as Compared with 1944, in Jacksonville.*

Cause of Death	1911-20	1921-30	1931-40	1944
Typhoid	25.4	8.0	1.9	.0
Diphtheria	9.0	9.0	3.5	2.3
Malaria	14.7	7.0	3.9	.7
Measles	5.0	4.0	1.2	.4
Pellagra	25.4	20.1	15.1	2.3
Enteritis (under 2 years)	59.9	35.4	6.1	2.6
Influenza	81.5	33.0	39.1	17.6
Syphilis	53.1	43.4	38.1	10.0
Tuberculosis	216.5	155.1	103.3	41.9
Infant Mortality*	110.4	70.7	56.1	47.6
All Causes**	18.9	16.5	14.3	9.7

**Deaths under 1 year per 1,000 live births.*
***Deaths from all causes per 1,000 population.*

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

John R. Boling, M.D., President.....*Tampa*
Shaler Richardson, M.D., President-elect...*Jacksonville*
W. C. McConnell, M.D., 1st Vice Pres....*St. Petersburg*
Horace A. Day, M.D., 2nd Vice Pres.....*Orlando*
Robert D. Ferguson, M.D., 3rd Vice Pres.....*Ocala*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Homer L. Pearson, M.D., Editor.....*Miami*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

William M. Rowlett, M.D., Chm...AL-45.....*Tampa*
L. W. Blake, M.D...C-46.....*Bradenton*
Duncan T. McEwan, M.D...B-48.....*Orlando*
Walter C. Payne, M.D...A-45.....*Pensacola*
Leigh F. Robinson, M.D...D-47.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D...PP-45.....*Orlando*
Eugene G. Peek, M.D...PP-46.....*Ocala*
John R. Boling, M.D. (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

Herbert E. White, M.D., Chm...B-47.....*St. Augustine*
James G. Lyerly, M.D...AL-45.....*Jacksonville*
Daniel A. McKinnon, M.D...A-48.....*Marianna*
Douglas D. Martin, M.D...C-46.....*Tampa*
*J. R. Boulware, M.D. (Alternate..C-46).....*Lakeland*
Homer L. Pearson, M.D...D-45.....*Miami*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...AL-45.*Jacksonville*
Thomas H. Bates, M.D...A-48.....*Lake City*
Horace A. Day, M.D...B-45.....*Orlando*
Whitman C. McConnell, M.D...C-46....*St. Petersburg*
C. F. Roche, M.D...D-47.....*Miami Beach*
John R. Boling, M.D (Ex Officio).....*Tampa*
Robert B. McIver, M.D., (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

Howard G. Holland, M.D., Chm...B-47.....*Leesburg*
John S. Helms, M.D...C-46.....*Tampa*
*James L. Estes, M.D. (Alternate..C-46).....*Tampa*
Cayetano Panettiere, M.D...D-45.....*Miami Beach*
William D. Sugg, M.D...AL-45.....*Bradenton*
John K. Turberville, M.D...A-48.....*Century*

PUBLIC RELATIONS

Leigh F. Robinson, M.D., Chm...D-48...*Ft. Lauderdale*
John W. Snyder, M.D...AL-45.....*Miami*
James L. Strange, M.D...B-46.....*McIntosh*
Carol C. Webb, M.D...A-47.....*Pensacola*
Harper E. Whitaker, M.D...C-45.....*Tampa*

NECROLOGY

John C. Vinson, M.D., Chm...AL-45.....*Tampa*
Gerry R. Holden, M.D...B-46.....*Jacksonville*
Toliver M. McDuffee, M.D...C-48.....*Manatee*
Gerard Raap, M.D...D-45.....*Miami*
Courtland D. Whitaker, M.D...A-47.....*Marianna*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D...Chm...B-46.....*Jacksonville*
David R. Murphey, M.D...C-45.....*Tampa*
*George L. Cook, M.D. (Alternate..C-45).....*Tampa*
E. Sterling Nichol, M.D...D-48.....*Miami*
James H. Pound, M.D...A-47.....*Tallahassee*

CANCER CONTROL

Joseph Halton, M.D., Chm...C-47.....*Sarasota*
Charles J. Collins, M.D...B-48.....*Orlando*
Mayhew W. Dodson M.D...A-46.....*Pensacola*
Alfred G. Levin, M.D...D-45.....*Miami*
*Gerard Raap, M.D. (Alternate..D-45).....*Miami*
Herman Watson, M.D...AL-45.....*Lakeland*

MEDICAL ECONOMICS

Ferdinand A. Vogt, M.D., Chm...D-45.....*Miami*
Herbert L. Bryans, M.D...A-47.....*Pensacola*
Robert D. Ferguson, M.D...B-48.....*Ocala*
Thomas C. Maguire, M.D...AL-45.....*Plant City*
Joseph W. Taylor, M.D...C-46.....*Tampa*

VENEREAL DISEASE CONTROL

Elijah T. Sellers, M.D., Chm...B-47.....*Jacksonville*
J. Powell Adams, M.D...A-48.....*Panama City*
George A. Dame, M.D...AL-45.....*Fernandina*
Arvin L. Mills, M.D...C-46.....*St. Petersburg*
Willey M. Sams, M.D...D-45.....*Miami*

INTERRELATIONSHIP

William M. Davis, M.D., Chm...C-46....*St. Petersburg*
Simon E. Driskell, M.D...B-48.....*Jacksonville*
Henry J. Peavy, M.D...D-45.....*Ft. Lauderdale*
William C. Rentz, Sr., M.D...AL-45.....*Miami*
Ralph B. Spires, M.D...A-47.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

William C. Blake, M.D., Chm...C-46.....*Tampa*
Earlsworth C. Brunner, M.D...D-45.....*Miami*
Luther C. Fisher, Jr...A-47.....*Pensacola*
Louie Limbaugh, M.D...B-48.....*Jacksonville*
Ralph S. Torbett, M.D...AL-45.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

H. Mason Smith, M.D., Chm...C-46.....*Tampa*
Wilbur O. Arnold, M.D...D-48.....*W. Palm Beach*
Benjamin F. Barnes, M.D...A-47.....*Chattahoochee*
W. Henry Spiers, M.D...AL-45.....*Orlando*
Rollin D. Thompson, M.D...B-45.....*Orlando*

MATERNAL WELFARE

William C. Thomas, M.D., Chm...B-47.....*Gainesville*
Laurie L. Dozier, M.D...A-45.....*Tallahassee*
Samuel C. Haryard, M.D...C-48.....*Brooksville*
Ralph W. Jack, M.D...D-46.....*Miami*
Samuel R. Norris, M.D...AL-45.....*Jacksonville*

CHILD HEALTH

George L. Cook, M.D., Chm...AL-45.....*Tampa*
Luther W. Holloway, M.D...B-48.....*Jacksonville*
Warren W. Quillian, M.D...D-45.....*Coral Gables*
*W. W. McKibben, M.D. (Alternate..D-45).....*Miami*
Councill C. Rudolph, M.D...C-46.....*St. Petersburg*
Eugene D. Thorpe, M.D...A-47.....*Madison*

CONSERVATION OF VISION

Carl E. Dunaway, M.D., Chm...D-48.....*Miami*
Sherman B. Forbes, M.D...C-45.....*Tampa*
Mozart A. Lischkoff, M.D...AL-45.....*Pensacola*
William S. Nichols, M.D...A-47.....*Lake City*
Shaler Richardson, M.D...B-46.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

George C. Tillman, M.D., Chm...B 46.....*Gainesville*
James M. Anderson, M.D...AL-45.....*Cross City*
Annette M. Feaster, M.D...C-48.....*St. Petersburg*
Luther C. Fisher, M.D...A-47.....*Pensacola*
Arthur L. Walters, M.D...D-45.....*Miami Beach*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

R. Renfro Duke, M.D., Chm...C-45.....*Tampa*
Julius C. Davis, M.D...A-47.....*Quincy*
Gerry R. Holden, M.D...B-48.....*Jacksonville*
John A. Simmons, M.D...AL-45.....*Arcadia*
Ferdinand A. Vogt, M.D...D-46.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

Frederick J. Waas, M.D., Chm...AL-45....*Jacksonville*
First—Courtland D. Whitaker, M.D...1-45..*Marianna*
Second—G. Wilmot Brown, M.D...2-46.....*Tallahassee*
Third—Lucien Y. Dyrenforth, M.D...3-45..*Jacksonville*
Fourth—C. McK. Tyre, M.D...4-46.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-46.....*Dade City*
Sixth—Edgar Watson, M.D...6-45.....*Lakeland*
Seventh—William Y. Sayad, M.D...7-45...*W. P. Beach*
Eighth—E. M. Hendricks, M.D...8-46....*Ft. Lauderdale*

WAR PARTICIPATION

Edward Jelks, M.D., Chm.....*Jacksonville*
Shaler Richardson, M.D., Vice Chm.....*Jacksonville*
J. C. Dickinson, M.D.....*Tampa*
Walter C. Jones, M.D.....*Miami*
Eugene G. Peek, M.D.....*Ocala*
Carol C. Webb, M.D.....*Pensacola*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, M.D., Delegate.....*Miami*
George C. Tillman, M.D., Alternate.....*Gainesville*
(Terms expire Dec. 31, 1945)
Edward Jelks, M.D., Delegate.....*Jacksonville*
Meredith Mallory, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

*Alternate for member in Armed Services.

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Homer L. Pearson, M.D.....*Miami*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
Webster Merritt, M.D.....*Jacksonville*
Frank C. Metzger, M.D.....*Tampa*
Lloyd J. Netto, M.D.....*West Palm Beach*
Ralph Sappenfield, Major (MC).....*Drew Field*

COMMITTEE ON PUBLICATION
Homer L. Pearson, M.D., Chairman.....*Miami*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Joseph C. Flynn, M.D.....*Tampa*
Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents

H. Marshall Taylor, M.D., 1923, Chm.....*Jacksonville*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
Frederick J. Walter, M.D., 1918.....*San Diego, Calif.*
William E. Ross, M.D., 1919.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
Gerry R. Holden, M.D., 1932.....*Jacksonville*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
J. Sam Turberville, M.D., 1940.....*Century*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*

MEDICAL HERO OF BATAAN RETURNS

A prisoner of the Japanese for two and a half years in the infamous Bilibid prison at Manila, Colonel Frank S. Adamo returned to his home in Tampa on April 26. It was eminently fitting that on the next day, officially proclaimed "Colonel Adamo Day," Tampa should pay homage publicly to its distinguished citizen by acclaiming his homecoming with a parade and appropriate ceremonies, and later with a banquet. The Association is pleased to join with Tampans, Floridians and the nation in welcoming this courageous servant of medicine who, in the heartbreaking days of the valient defense of Bataan and Corregidor, won national fame and a noteworthy place in his profession by his contribution to medical science. The treatment for the control and avoidance of gas gangrene in wounds which he originated and perfected will continue to save lives in peace as well as in war.

This modest, retiring doctor accepts the plaudits of his admiring friends and fellow citizens selflessly, appreciatively, and with a tinge of sadness, too, as a tribute to his comrades who did the fighting and the dying on Bataan. There in the tragic months of early 1942 his exploits made national headlines as he fought to save the lives of MacArthur's dwindling defenders of the ill-fated Philippines. His pioneer work in the treatment of gas gangrene by wide open surgical incision, permitting optimum exposure and, when necessary, maximum drainage, was soon being used successfully in the hospitals serving the troops there, and it promptly received wide recognition at home. The infected muscles were isolated, irrigated with peroxide and kept open by iodoform gauze so that air could reach all recesses.

Some fifteen hundred patients were left in hospitals as Bataan was being surrendered and Colonel Adamo was ordered to Corregidor. In that rocky fortress casualties came in so fast toward the last that sleep for the medical staff was not even considered, and numbed minds could not grasp at first the full impact of the dire message penetrating to the very depths of the cavernous rock that the Americans were surrendering it to the Japanese. Then the Japanese wounded were being crowded in beside the thousand or more American casualties in the cave. A Japanese surgeon, the first captor encountered by Colonel Adamo, was unsuccessfully endeavoring to perform an appendectomy under local anesthesia. In a detached matter-of-fact manner, neither friendly nor unfriendly, he asked the Colonel to complete the operation and later on made a similar request.

Then in kaleidoscopic review pass recollections of the hellish nightmare of two and a half years of captivity—seven more weeks on Corregidor until bacillary dysentery reduced the famed surgeon to the status of a patient too weak to work, the hold of a Japanese ship packed with other American patients, then ancient Bilibid prison and incarceration there in one big room with fifty or sixty other American officers until General MacArthur could fulfil years later his promise to return. Inadequate diet; increasing hunger; the luxury of a captured GI cot with springs; improvement of the dysentery; failing eyesight, edema of the optic nerve, terrific headaches, all manifestations of a neurosis owing to

nutritional deficiency; a Red Cross Christmas package made to last four months by careful hoarding; a wardrobe of two sets of khaki uniforms, carefully husbanded through the long period of imprisonment; a daily bath under a tin can shower, with soap occasionally, and a shave every other day as an excellent morale builder; broken glasses replaced according to the wrong prescription by a Filipino girl from a Manila optometry shop; cigarettes intermittently; a rap on the head by a Japanese guard with the flat of his rifle butt for smoking in the wrong place; associates again and again moved out to Japan; news seeping in of American successes; a Red Cross shipment of vitamins, arresting temporarily the progressive loss of vision and benefiting all who were suffering from deficiency diseases; an occasional card game breaking the deadly monotony; increasing mental confusion.

During the interminable days and nights of the thirty months' imprisonment thinking was the only pastime in a world of deepening shadow, and gnawing pangs of hunger were the inseparable companion; eventually the thought of food alone obsessed the befuddled mind. There was rice for breakfast, rice for lunch and rice for supper, doled out by the Japanese and prepared by the prisoners. A few greens, so wispy as to be appropriately dubbed whistleweed, and soy beans added variety, and very occasionally there was dried salty fish to mix with the rice. The allowance averaged about 900 calories a day, including 50 grams of rice, 100 grams of corn and 50 grams of soy beans. Beriberi, pellagra and other deficiency diseases constituted most of the illnesses, and quite a number of the men suffering with beriberi lost their eyesight. Although unable to work, Colonel Adamo at times helped keep records and on occasion was called in consultation on cases of other American prisoners.

A noise at the barred window, a gun ripping through the window covering and an American voice inquiring pointedly, "Who's in there?" presaged for Colonel Adamo and his fellow officers the long awaited liberation, which became a reality twenty-four hours later. Again, the benumbed mind could not at first comprehend the full import, this time of freedom. Then food, good, plain, American food—truly manna from heaven. Unable to walk even half a block when liberated, now after weeks of hospitalization in this country, the Colonel has regained twenty-five pounds and is steadily improving.

Undaunted by the hardships that make his return little short of a miracle, Colonel Adamo is eager to regain his health fully so that he may return to active duty and continue his life-saving military mission in the far reaches of the Pacific, or wherever he can best help to hasten the day of liberation for his comrades in arms yet languishing in Japanese prison camps. Fellow members of the Association honor Colonel Adamo for his devotion to duty as a soldier, take pride in his achievements as a physician and salute him as the medical hero of Bataan who returns as a harbinger of the peace the world so sorely needs and earnestly craves. H. L. P.

PROGRAM OF GRADUATE SHORT COURSE

JUNE 25 - 30, 1945

The Thirteenth Annual Graduate Short Course will convene on June 25 at the George Washington Hotel, Jacksonville. Registration will begin at 8 a.m., and the first lecture promptly at 9 a.m.

There will be only three evening lectures during the week's course. The Postgraduate Committee has tried various plans of instruction during the evening hours. Last year there were two lectures each evening. The Committee has decided, however, that such a full program is exhausting to those who attend. A record will be kept of the attendance at the evening lectures this year, and later an attempt will be made to get reactions which will help guide the Committee in making next year's program with reference to the evening lectures.

Dr. Howard Payne of Howard University, Washington, D. C., will give one lecture at 4:30 p.m., Monday, June 25, at which time he will discuss the diagnosis and management of early tuberculous lesions in the Negro.

FACULTY

MEDICINE—Dr. E. A. Stead, Jr., Professor of Medicine, Emory University, Atlanta, Ga.

SURGERY—Dr. R. L. Sanders, Associate Professor of Surgery, University of Tennessee, Memphis, Tenn.

PEDIATRICS—Dr. Herbert C. Miller, Yale University School of Medicine, New Haven, Conn.

OBSTETRICS—Dr. Oren Moore, Dean of Obstetrics, Southern Post Graduate Seminar, Charlotte, N. C.

GYNECOLOGY—Dr. E. C. Hamblen, Chief of Division of Endocrinology, Duke University, Durham, N. C.

VENEREAL DISEASES—Surgeon R. C. Arnold, Venereal Disease Research Laboratory, United States Public Health Service, Staten Island, N. Y.

HOUR	MONDAY June 25	TUESDAY June 26	WEDNESDAY June 27	THURSDAY June 28	FRIDAY June 29	SATURDAY June 30
8:00	REGISTRATION					
9:00	VENEREAL DISEASES "Gonococci Infections" DR. ARNOLD	PEDIATRICS "Diagnosis and Treatment of Streptococcal Disease in Children" DR. MILLER	PEDIATRICS "The Diagnosis and Supervision of Behavior Disorders hy the Pediatrician" DR. MILLER	OBSTETRICS "Management of the Obstetrical Complications" DR. MOORE	GYNECOLOGY "Abnormal Cyclic Symptomatology" DR. HAMBLEN	GYNECOLOGY "Sterility" DR. HAMBLEN
10:00	PEDIATRICS "Diseases of the Newhorn—Cyanosis and Convulsions" DR. MILLER	VENEREAL DISEASES "Early Infectious Syphilis" DR. ARNOLD	OBSTETRICS "The Overall Picture in the Childless Marriage" DR. MOORE	GYNECOLOGY "Endocrine and Gynecologic Problems of Adolescence" DR. HAMBLEN	OBSTETRICS "Cesarean Section, Indications, Contra-Indications" DR. MOORE	SURGERY "Goiter Prohlem" DR. SANDERS
11:00	RECESS	RECESS	RECESS	RECESS	RECESS	GYNECOLOGY "Problems of the Climacteric" DR. HAMBLEN
11:30	MEDICINE "Emotional Factors in Illness" DR. STEAD	MEDICINE "Diagnosis and Management of Anemia" DR. STEAD	MEDICINE "Pulmonary Infarction and Thromhophle-bitis" DR. STEAD	SURGERY "Intestinal Ohstruction (Small howel)" DR. SANDERS	SURGERY "Carcinoma of the Stomach" DR. SANDERS	SURGERY "Lesions of the Breast" DR. SANDERS
2:00	PEDIATRICS "Diseases of the Newhorn—Jaundice and Bleeding" DR. MILLER	PEDIATRICS "The Diagnosis and Supervision of Mental Deficiency in Private Practice" DR. MILLER	PEDIATRICS "The Child as a Surgical Risk" DR. MILLER	OBSTETRICS "Further Reports on the Rh Factor and its Present Status" DR. MOORE	OBSTETRICS "Asphyxia in Newhorn, Causes and Treatment" DR. MOORE	BUY
3:00	RECESS	RECESS	RECESS	RECESS	RECESS	
3:15	MEDICINE "Newer Digitalis Preparations" DR. STEAD	MEDICINE "The Problem of the Unconscious Patient" DR. STEAD	VENEREAL DISEASES "Intensive Treatment Methods" DR. ARNOLD	GYNECOLOGY "Functional Amenorrhea and Uterine Hemorrhage" DR. HAMBLEN	GYNECOLOGY "Recurrent Abortions" DR. HAMBLEN	
4:15	RECESS	RECESS	RECESS	RECESS	RECESS	WAR
4:30	TUBERCU-LOSIS "The Diagnosis and Management of Early Tuberculous Lesions in the Negro" DR. PAYNE	VENEREAL DISEASES "Latent and Late Syphilis" DR. ARNOLD	MEDICINE "Fainting" DR. STEAD	SURGERY "Management of Ohstruction of the Colon" DR. SANDERS	Naval Air Station Jacksonville, Fla. "Discussion on Aviation Medicine"	
	DINNER	DINNER	DINNER	DINNER		BONDS
8:15	VENEREAL DISEASES "Laboratory Diagnosis of Syphilis" DR. ARNOLD		OBSTETRICS "Considerations of General Prenatal Care" DR. MOORE		SURGERY "End Results of Surgical Treatment of Peptic Ulcer" DR. SANDERS	

FROM MY POINT OF VIEW

I do not think there is much argument over the truth of the statement that when one takes out of a business or profession the incentive for private gain and advancement, that business or profession either dies or stagnates.

There has been much written concerning the threatened lack of physicians due to the war and the consequent interruption to education of young men, both in medical schools and other institutions.

Inconsistency is a common human trait. Consequently, it is not surprising to find two governmental bureaus working at cross purposes.

In approaching the problem as to how to get more medical students, what do we find? We find one group trying to make the inducements large, and another group trying for an objective which, if successful, will nullify the efforts of the first group.

This latter group is proposing socialized medicine, or Federal control, with conditions attached which, to say the least, do not form a promising picture to one contemplating his life's work. Should this legislation become law, the following considerations must then be taken into account.

A young man, be he a civilian or a returned soldier, can learn a trade. During his apprenticeship, he will be well paid and in a couple of years can look forward to becoming a full-fledged member of his union. The limit to his remuneration, if he is diligent, is bounded only by the large sums paid to union leaders, one of which he can definitely hope to be. Or he can enter a well established business organization with the possibility, in the future, of an executive position and a large salary and share in the company profits. He will be paid while on the upward path.

The question of entering the legal profession presents a somewhat different picture. A high school education plus three years of preparation without remuneration, and having to pay his own way during that period confronts him. But there is no limit to the heights to which he may rise in that profession, either from a financial angle or as a leader in his chosen field.

The young man then looks at another profession, i.e., medicine, and what does he find? Standards requiring premedical training in college varying from two to four years. In addition, he must have four years in a medical college and then an internship of a minimum of one year. The average total is around eight years. During this time he must pay out money and he receives none. At the completion of his investment in time and money, he could formerly look forward to limitless heights of returns, not only financial but also social and in terms of service.

But a large group of politicians now contemplate limiting his financial returns to a maximum of five thousand dollars per year, and this huge salary will, in all probability, be dependent upon his political affiliations. In addition, he will have a job under various bosses and sub-bosses who would tell him how, when, and where he must work. The degree of his success would be judged by the understanding of medicine possessed by the layman representing the bureau in his location. He will probably be allowed to specialize, subject to similar conditions as regards the how, when, and the limits to the returns.

Bluntly speaking, he can look forward to a position as a government employee exposed to the political winds and with a definite low limit placed upon his incentive to work and progress.

If such legislation is enacted, or unless the ever persistent threat of such legislation is removed, who can doubt the decision the young man will make? The large per cent will decide to enter the business or profession which still retains at least a possibility of an American's desire for reward proportionate to individual effort being realized.

Have we any evidence that the above conditions will cause the results I have predicted? I think we have a parallelism in the condition of the teaching profession today. For years, the financial returns to a teacher have been pitifully small when compared to the investment in time and money necessary to qualify for that position.

The results are as follows, and I quote from the Research Bureau of the National Education Association: "Thousands of competent teachers give up the unequal financial struggle to enter occupations where their efforts are better rewarded and thousands of young persons, in choosing a profession, reject teaching because of the low money value placed by society on what should be one of its most honored occupations."

And, quoting figures from the United States Office of Education, the enrollment in teachers'

colleges and normal schools, we find the following: 175,000 in 1941, 72,000 in 1944 — a decrease of sixty per cent.

Why, then, if similar conditions are put upon the practice of medicine, will not the same results follow such a procedure?

The State of Florida is now contemplating the establishment on an A-plus medical college. Before that is done, it would be well to take into consideration the above mentioned facts, for a medical school just must have students.

Frank C. Metzger, M.D.

ASSOCIATION'S FINANCIAL STATEMENTS

FOR FISCAL YEAR ENDING MARCH 20, 1945

Since the Annual Meeting scheduled for April was not held, the annual report of Dr. Robert B. McIver, secretary-treasurer, and Stewart Thompson, managing director, could not be read for approval and publication. In order that our members may be informed as to the financial status of the Association, the following statements are submitted.

The books and statements were audited by a certified public accountant and found to be correct as indicated by his letter which is reproduced. All expenditures were approved by the Board of Governors. All monies received were deposited in National banks and all expenditures made through Association checks signed by the treasurer.

Jacksonville (1), Florida
May 4, 1945

Dr. Robert B. McIver, Secretary-Treasurer
Florida Medical Association
Jacksonville, Florida

Dear Sir:

In compliance with request of Stewart G. Thompson, Managing Director, I have examined the attached statements of Receipts and Disbursements of the Florida Medical Association, Inc., which were furnished for the period March 28, 1944 to and including March 20, 1945, together with the accompanying Exhibits "A" to "E," inclusive, and the Consolidated Cash Statement.

These statements have been found in agreement with the books of account of the Association and correctly reflect the cash transactions for the period.

All receipts covering cash collections were traced to the bank deposits and all bank balances have been reconciled with the books of account and independently verified by the depositories.

Cancelled checks covering disbursements were checked to the records, found in order and appeared to be for proper purposes.

War bonds of a maturity value of $20,325.00 were verified by inspection, and Treasury bond of a face value of $10.000.00 was verified as being with the Atlantic National Bank, as Custodian.

Income from advertising in the Association's Journal was verified substantially by comparison with records and statements.

On account of the inaccessibility of the records of the various County Societies, no attempt was made to verify remittances for dues.

Yours very truly,

(Signed) Charles H. Goodrich
Certified Public Accountant

CONSOLIDATED CASH STATEMENT

March 28, 1944, through March 20, 1945

Receipts		
Cash in Bank, March 28, 1944		$14,961.94
Dues and Entrance Fees Collected (Exhibit "D")	$8,380.00	
Earnings from Advertising (Exhibit "E")	8,571.66	
Subscription and Misc. Sale of Journal & Directory (Exhibit "E")	507.25	
Interest on Savings and Investment	125.25	
Miscellaneous Income	36.09	
Earnings from Technical Exhibits (Exhibit "C")	615.00	18,235.25
Total Cash to be Accounted for		$33,197.19
Disbursements		
General Fund Expenses (Exhibit "A")	$9,089.54	
Journal and Directory Expenses (Exhibit "B")	7,764.27	
Technical Exhibit Expenses (Exhibit "C")	850.01	
Committee Expenses (Exhibit "A")	58.02	
Federal Tax	56.47	
Furniture and Fixtures	132.10	
Library	25.26	17,975.67
Balance in Bank, March 20, 1945		$15,221.52

EXHIBIT "A"

CASH STATEMENT—GENERAL FUND

March 28, 1944, through March 20, 1945

Receipts		
Cash as per last audit		$14,961.94
Back Dues Collected (Exhibit "D")	$1,080.00	
Current Dues Collected (Exhibit "D")	6,730.00	
Entrance Fees Collected (Exhibit "D")	570.00	8,380.00
Interest on Savings and Investment		125.25
Miscellaneous Income		36.09
From Journal Fund (Income above Cost)		1,314.64
Total Cash to be Accounted for		$24,817.92

Disbursements

Postage and Supplies	$263.41	
Telephone & Telegraph	124.70	
Salaries*	7,290.24	
Traveling Expense	140.85	
Delegates' (2) Transp. to Chicago	206.72	
Legal Counsel	100.00	
Office Rent	720.00	
Towel Service	15.00	
Auditing Books	17.50	
Electrotypes and Mats	3.42	
Messenger Service	26.45	
Bank Exchange	2.72	
Custody of Bonds	10.00	
Clipping Service	60.00	
Treasurer's Bond	5.63	
Employers' Liability Ins.	14.00	
Subscription — Times-Union	18.00	
Repair & Service—Furn., Fix. & Equip.	55.15	
Incidental	3.25	
Rental—Safety Deposit Box	12.50	9,089.54
Committees:		
Legislation & Public Policy	.60	
Board of Governors	16.01	
Scientific Work	29.16	
Miscellaneous Committee Expense	12.25	58.02
Federal Tax		56.47
Furn. & Fixt.		132.10
Library		25.26
To Exhibit Fund (cost above income)		235.01
		9,596.40
Cash Balance		$15,221.52

*Total Salaries: Withholding tax deducted from this amount and paid to Collector of Internal Revenue.

EXHIBIT "B"

CASH STATEMENT—JOURNAL AND DIRECTORY FUND

March 28, 1944, through March 20, 1945

Receipts

Cash as per last audit		$.00
Earnings from Advertising (Exhibit "E")	$8,571.66	
Subscriptions & Misc. Sale (Exhibit "E")	507.25	9,078.91
To be Accounted for		$9,078.91

Disbursements

Postage and Supplies	$223.76	
Printing and Stock	4,410.34	
Telephone and Telegraph	152.25	
Salaries*	2,810.90	
Dray	40.17	
Auditing Books	17.50	
Express and Freight	2.33	
Treasurer's Bond	5.62	
Cuts & Repair of Cuts	59.66	
Addressograph Service & Repair	21.99	
Reprints "Relationship of Obstruction to Urinary Affections" (Ballinger)	19.75	7,764.27
To General Fund (Income above Cost)		1,314.64
		9,078.91
Cash Balance		$ 0.00

*Total Salaries: Withholding tax deducted from this amount and paid to Collector of Internal Revenue.

EXHIBIT "C"

CASH STATEMENT—EXHIBIT FUND

March 28, 1944, through March 20, 1945

Receipts

Cash as per last audit		$ 0.00
Earnings from Technical Exhibits	$615.00	
From General Fund	235.01	850.01
To be accounted for		$850.01

Disbursements

Convention Expense:		
Postage and Supplies	$ 10.00	
Telephone and Telegraph	38.40	
Floor Plan and Electrotype	19.75	
Exhibit Booths	400.00	
Printing and Photostats	13.00	
Badges	24.75	
Misc. Expense & Employees' Travel	153.06	
News Service, Cut & Mats	3.70	
Proceedings Reporter	38.75	
Refreshments, Members & Guests	100.60	
Pinellas County Med. Soc.	48.00	850.01
Cash Balance		$ 0.00

EXHIBIT "E"

EARNINGS FROM SALES OF AND ADVERTISING IN JOURNAL AND DIRECTORY

March 28, 1944 through March 20, 1945

Month	Sales	Advertising
April, 1944	$ 10.60	$ 452.74
May	13.30	777.83
June	16.00	200.24
July	10.80	904.75
August	12.00	480.19
September	9.00	202.69
October	6.60	909.13
November	6.30	632.17
December	13.00	572.23
January, 1945	17.10	522.82
February	22.00	884.52
March	20.55	1,120.69
	157.25	7,660.00
Directories (S.B.H.)	350.00	
Refund (A.M.A.)		911.66
Totals	$507.25	$8,571.66

MEDICAL POSTGRADUATE COURSE—III

March 28, 1944, through March 20, 1945

Receipts

Cash as per last audit	$ 902.67
Registration Fees, 1944 Postgraduate Course (112 @ $5.00)	560.00
To be Accounted for	$1,462.67

Disbursements

Faculty Honoraria and Expenses:			
Dr. E. A. Stead	$117.29		
Dr. R. L. Sanders	169.29		
George Washington Hotel	62.30	$348.88	
Attendant at Registration Desk		25.00	
Stenographer's Salary		100.00	
Postage		10.00	483.88
Balance in Bank			$978.79

EXHIBIT "D"

DUES AND ENTRANCE FEES COLLECTED

March 28, 1944, through March 20, 1945

Name of Society	Total Members	No. Paid Members	No. in Arrears	1945 Dues Collected	Back Dues Collected	Entrance Fees
Alachua	26	21	5	130.00	50.00	20.00
Bay	12	4	8			
Brevard	10	6	4	30.00	20.00	
Broward	48	48	0	350.00	50.00	70.00
Columbia	14	14	0	120.00	10.00	20.00
Dade	349	243	106	1,120.00	240.00	50.00
DeSoto-Hardee Highlands-Charlotte-Glades	20	20	0	150.00		
Duval	200	189	11	1,150.00	70.00	60.00
Escambia	48	46	2	280.00	50.00	10.00
Franklin-Gulf	6	0	6			
Hillsborough	111	100	11	660.00	130.00	70.00
Jackson	12	1	11			
Lake	18	7	11		10.00	
Lee	18	18	0	120.00	10.00	10.00
Leon-Gadsden-Liberty-Wakulla-Jefferson	38	9	29		60.00	10.00
Madison-Suwannee	9	3	6			
Manatee	13	12	1	70.00	10.00	
Marion	26	26	0	160.00	10.00	10.00
Monroe	9	7	2	30.00	10.00	40.00
Nassau	6	1	5			10.00
Orange	96	96	0	580.00	20.00	30.00
Palm Beach	67	67	0	490.00	50.00	50.00
Pasco-Hernando Citrus	11	11	0	90.00		
Pinellas	111	111	0	750.00	20.00	40.00
Polk	62	31	31	170.00	120.00	40.00
Putnam	9	8	1	60.00		
St. Johns	13	5	8	10.00		10.00
St. Lucie-Okee-chobee-Indian River-Martin	16	6	10			
Sarasota	19	7	12		10.00	
Seminole	12	5	7			
Taylor	4	4	0	30.00		
Volusia	42	26	16	90.00	130.00	20.00
Walton-Okaloosa	6	6	0	50.00		
Washington-Holmes	6	6	0	40.00		
Totals	1467	1164	303	6730.00	1080.00	570.00

Back Dues Collected	1080.00
Total Dues Collected	7810.00
Entrance Fees Collected	570.00
Dues and Entrance Fees	$8380.00

Dues Not Payable

Co. Soc. Secys.	22	
Life & Honorary	58	
Military Service	411	491
Paid Dues		673

EMERGENCY FUND—(MEMORANDUM NO. 8)

(Taken from Treasurer's Financial Statement)
March 28, 1944, through March 20, 1945

Debit

Balance on Hand, March 27, 1944 (overdraft) (Memorandum No. 7)		$ 523.26
Back Dues Collected (Exhibit "D") $1,080.00 (108 members at $2.50)	$ 270.00	
Current Dues Collected (Exhibit "D") $6,730.00 (673 members at $2.50)	1,682.50	1,952.50
To be Accounted for		$1,429.24
Less Amount Reserved for Working Budget and Expended		1,500.00
Balance (overdraft)		$ 70.76

Credit

Committee Expenses:		
Legislation & Public Policy	.60	
Board of Governors	16.01	
Scientific Work	29.16	
Miscellaneous Committee Expense	12.25	58.02
Balance (overdraft)		$128.78

ASSETS AND LIABILITIES

March 20, 1945

Assets

Cash in Fla. Natl. Bank Checking Acct.	$12,677.41
Cash in Barnett Natl. Bank Checking Acct. (Postgraduate Course Committee Acct.)	978.79
General Fund—Accounts Receivable	3,030.00
Journal & Directory—Accounts Receivable	1,027.44
Furniture, Fixtures & Equipment (less depreciation)	911.68
Library	857.17
Stationery Inventory	668.72
Savings: Atlantic National Bank	752.33
Barnett National Bank	1,791.78
Investments: Treasury Bond	10,178.13
War Savings Bonds	15,040.50
	$47,913.95

Liabilities

Postgraduate Course Committee	978.79
Woman's Auxiliary (Commission on Directory Advertising)	41.00
Capital Account	46,894.16
	$47,913.95

STATE NEWS ITEMS

Dr. J. E. Taylor, DeLand, was the guest speaker at a recent meeting of the Woman's Club. The subject discussed by Dr. Taylor was "Health."

Dr. James S. Grable, Tampa, has resumed the practice of medicine after serving nearly two years as Captain in the Army Medical Corps.

Major Wilton E. Tugwell, Pensacola, was the guest speaker at a recent Civitan luncheon meeting. Dr. Tugwell, who is a charter member of the Club, was in Pensacola on a few days' leave after returning from the Pacific theatre.

Dr. Dorothy D. Brame, Orlando, addressed more than 100 women on sex hygiene at the Angebilt Hotel the early part of April.

Dr. W. L. Ashton, Umatilla, has resumed his practice and has also opened offices in the Arborio Building, Eustis. Dr. Ashton was released from active duty with the United States Navy in April, after approximately five years' service as a Medical Officer.

pollen bombardment

GONE are the days when hay fever victims piled the family into the car at the first sneeze—and headed for pollen-free areas.

This year the majority of the estimated 3,000,000 hay fever sufferers will have to "sit tight and take it" when the pollen bombardment gets under way.

Amodrine

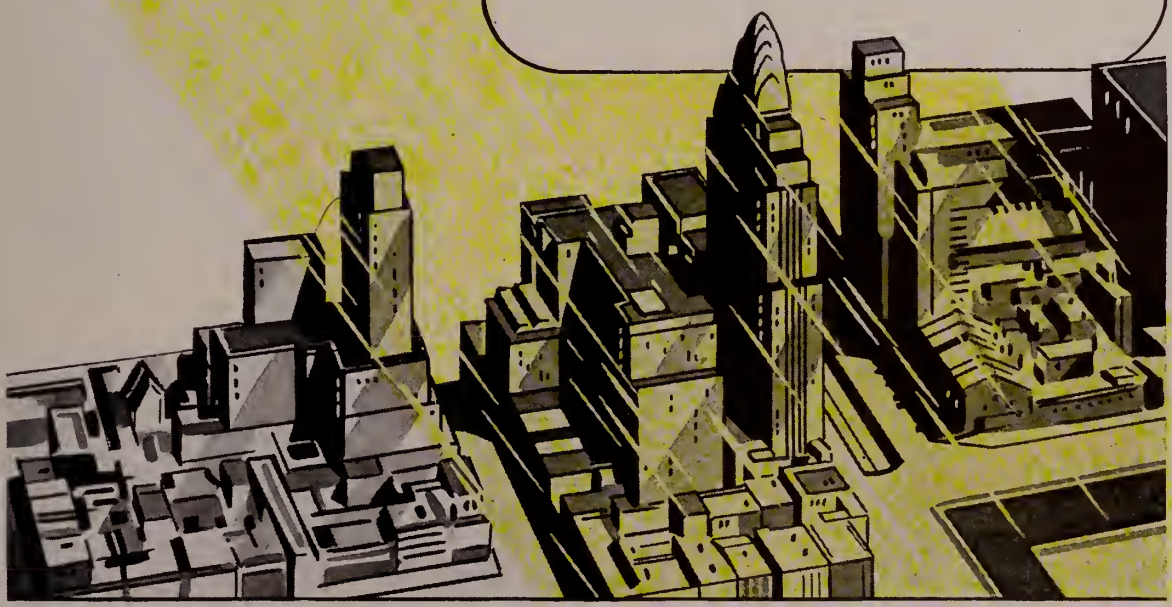
combining the sedative effect of PHENOBARBITAL 8 mg. (⅛ gr.) and the vasoconstrictor activity of RACEPHEDRINE HYDROCHLORIDE 25 mg. (⅜ gr.) with the well known antiasthmatic value of AMINOPHYLLIN-Searle 100 mgs. (1½ grs.)—rationally and effectively controls the symptoms of bronchial asthma and hay fever, with an absolute minimum of side reactions.

Amodrine permits your allergic patients to continue activities and obtain regular rest.

In bottles of 100 and 1000 tablets, plain or enteric coated (the latter for delayed effect).

G. D. SEARLE & CO., Chicago 80, Illinois.

Amodrine is the registered trademark of G. D. Searle & Co.



SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

WANTED—Physician with Florida license and own car to relieve me for 15 or 20 days. Few obstetric cases and no major surgery. Would like to leave early in June but could arrange a later date. Many opportunities for fine fishing. For further information write Dr. F. J. McKinley, Everglades, Fla.

ANNOUNCEMENT—Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville will limit his dental practice to Periodontia be-beginning June first.

FOR SALE—Entire office equipment and surgical instruments of the late Dr. R. L. Cline, (Eye, Ear, Nose and Throat specialist). Information may be obtained from Mrs. R. L. Cline, 409 Morningside Drive, Lakeland, Fla.

FOR SALE—G. E., Model F-26 Mobile X-ray unit complete, Fluoroscope screen, perfect order. Reason for selling—am retiring. P. O. Box 1415, Lakeland, Fla.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. James L. Estes of Tampa announce the birth of a son, Stephen Sandford, on March 28, 1945.

DEATHS—MEMBERS

Dr. Roy Howe, Daytona Beach—April 21, 1945.
Dr. Otto W. Schwalb, Ft. Lauderdale—April 17, 1945.
Dr. Paul B. Welch, Miami—May 6, 1945.

OTHER DOCTORS

Dr. Julius P. Kinsey, Pinetta—April 1, 1945.

MEMORIAL RESOLUTIONS FOR DR. THOMAS ELWOOD BUCKMAN

Whereas, Dr. Thomas Elwood Buckman who was born of a distinguished family October 5th, 1891, in Jacksonville, Florida, and died March 26th, 1945. He attended the Jacksonville primary schools and later Cornwall-on-Hudson Military Academy, received his degree of Master of Arts at Harvard College, and his degree of Doctor of Medicine from the Harvard Medical School. He served as a first lieutenant in the Medical Corps during the first World War. After the war he became instructor of Pediatrics in his Alma Mater, and

Whereas, since the year 1925 he has served the people of the community of his birth faithfully and with national distinction as a skilled physician and pediatrician, and

Whereas, Dr. Thomas Elwood Buckman devoted a splendid lifetime of fine and humanitarian service in the medical profession, and

Whereas, by his devotion, his modesty and lofty ideals he has inspired in the coming generation indelible marks of inestimable good in the service of his calling, and has brought thereby great respect and reverence not only to his fine name and that of his family, but also the medical profession and this society.

Now therefore be it resolved that the members of the Duval County Medical Society at its regular stated meeting assembled on the 3rd day of April 1945, extend to Mrs. Delphine Tirrill Buckman, the widow of Dr. Thomas Elwood Buckman, and to the members of his family our heartfelt condolence and deepest sympathy in the loss of their loved one.

Be it further resolved that the chairman of the Fraternal Relations Committee send a copy of these resolutions to the family of Dr. Thomas Elwood Buckman as well as to the American Medical Association, the American Pediatric Association, the Southern Medical Association, and the State Medical Association, and that a true copy of these resolutions be spread on the minutes of this society.

Adopted unanimously this 3rd day of April 1945.

Duval County Medical Society
By J. M. Bryant, President

COMPONENT COUNTY SOCIETIES

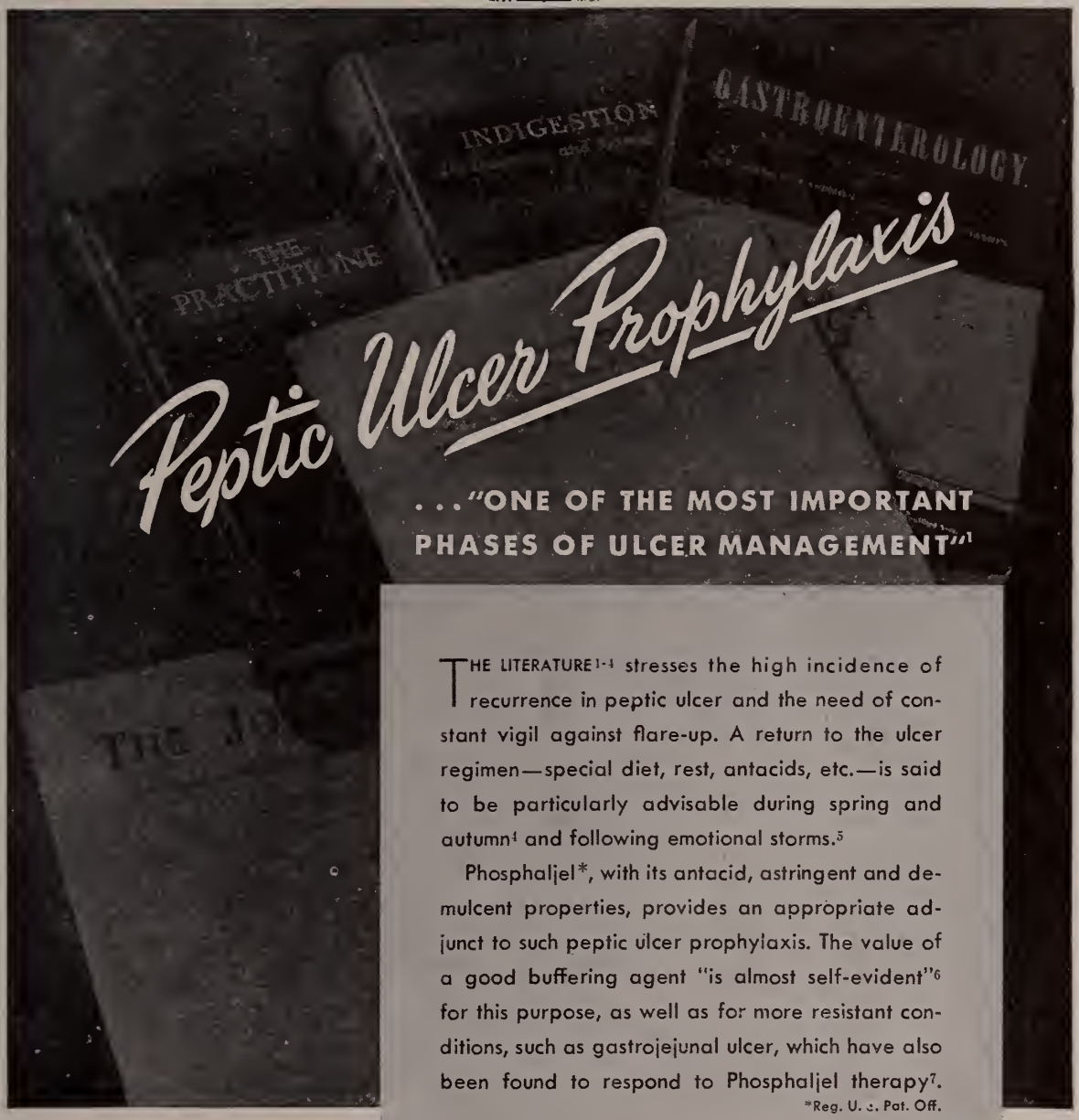
ALACHUA

The regular meeting of this society was held April 10 at the Alachua County Hospital. The guest essayist was Major Abrams, who was introduced by Dr. H. H. Adams. Major Abrams presented a paper on "The Rash Producing Diseases of Childhood." Taking part in the discussion of this paper were Drs. Thomas, Murphree, Maines and Hoffman. Dr. Williams of Atlanta was introduced as a visitor.

DADE

The regular meeting of the Dade County Medical Society was held Tuesday evening, April 3, in the library of the Jackson Memorial Hospital. President Scheffel Wright, who presided, introduced the following members who had returned from military service: Drs. I. Agos, Carlos Lamar and Max Pepper. The Program Committee took charge, and Dr. Currens and Lt. Commander Farrington presented an interesting discussion on "Leptospirosis in the Miami Area." Dr. Marvin Smith read a paper entitled "Two Important Colon Conditions which Re-

Wyeth



Peptic Ulcer Prophylaxis

. . . "ONE OF THE MOST IMPORTANT PHASES OF ULCER MANAGEMENT"[1]

THE LITERATURE[1-4] stresses the high incidence of recurrence in peptic ulcer and the need of constant vigil against flare-up. A return to the ulcer regimen—special diet, rest, antacids, etc.—is said to be particularly advisable during spring and autumn[4] and following emotional storms.[5]

Phosphaljel*, with its antacid, astringent and demulcent properties, provides an appropriate adjunct to such peptic ulcer prophylaxis. The value of a good buffering agent "is almost self-evident"[6] for this purpose, as well as for more resistant conditions, such as gastrojejunal ulcer, which have also been found to respond to Phosphaljel therapy[7].

*Reg. U. S. Pat. Off.



Supplied in 12-fluidounce bottles

PHOSPHALJEL

ALUMINUM PHOSPHATE GEL

Wyeth

1. Bockus, H. L.; Gastro-Enterology 1:471, 1943, W. B. Saunders Co., Phila. 2. Hurst, A.: Practitioner 152:193, 1944. 3. Berk, J. E.: J. Med. Soc. N. J. 41:365-370, 1944. 4. Rehfuss, M. E.: Indigestion, Its Diagnosis and Management, Phila. W. B. Saunders Co., 1943, pp. 241-243., 5. Alvarez, W. C.: Gastroenterology, 2:65-67, 1944. 6. Selye, H. and MacLean A.: Amer. J. Dig. Dis. 11:319-322, 1944. 7. Fauley, G. B., *et al.*: Arch. Int. Med. 67:563-578, 1941.

quire Surgical Treatment but are Usually Overlooked or Neglected."

At the suggestion of Dr. P. L. Dodge, it was decided that the next regular meeting be a dinner meeting.

DUVAL

The Duval County Medical Society held its regular meeting Tuesday, April 3, at the Seminole Hotel. Dr. J. M. Bryant called the meeting to order and requested Dr. Webster Merritt, chairman of the Program Committee, to present the speaker scheduled for the scientific session, Commander Ashton Graybiel from the Naval Air Station at Pensacola, who gave a most informative and interesting paper on "Disorientation in Pilots," which he illustrated with lantern slides. He listed and discussed the various factors that affect orientation in flyers, namely, meteorological factors, terrain, plane, character of flight, pilot, and miscellaneous factors.

The treasurer, Dr. John A. Beals, announced that contributions for the recent Red Cross War Fund Drive totaled $6,200. He thanked the members of the society for their support.

Dr. Bryant stated that the proposed change in the by-laws with regard to combining the offices of secretary and treasurer would be voted on at the May meeting. At the May meeting, also, he said, the committee appointed to investigate the possibility of purchasing a permanent home for the Duval County Medical Society would present complete and interesting plans.

FRANKLIN-GULF

The Franklin-Gulf County Medical Society has paid 100% of its State Association dues for 1945. Heading this society are Drs. Thomas Meriwether president; L. H. Bartee, vice-president, and J. R. Norton, secretary-treasurer.

PASCO-HERNANDO-CITRUS

Dr. and Mrs. J. T. Bradshaw of San Antonio entertained the members of this society at a delightful chicken dinner on Thursday evening, April 12.

At the general session which followed, Dr. J. T. Bradshaw, Dr. W. H. Walters and Dr. G. R. Creekmore presented interesting case reports which prompted lengthy discussions. A letter from Dr. W. B. Moon was read, expressing regret that, because of his duties in the State Senate at Tallahassee, he was not able to be present. Dr. Claude L. Carter invited the society to meet in his home at Inverness May 10.

Present were Drs. R. D. Sistrunk, W. H. Walters, W. Wardlaw Jones, S. C. Harvard, G. R. Creekmore and J. T. Bradshaw.

PINELLAS

The members of this society were the guests of Drs. C. A. Williams and H. G. Palmer at a dinner meeting held at the Detroit Hotel on April 20. Dr. Williams discussed "Rice Diet for Hypertension" and Dr. Palmer's subject was "Medical Economics."

On the evening of May 4 the monthly dinner meeting of the society was held at the Detroit Hotel. Dr. G. E. Miller and Dr. J. B. Quicksall were the principal speakers. Dr. Miller presented "Habituation vs Pain and Insomnia," and Dr. Quicksall, "Medicine in this Changing World."



Dr. Randolph's Sanitarium
JACKSONVILLE, FLORIDA
Registered A. M. A.
FOR THE CARE AND TREATMENT OF NERVOUS AND MILD MENTAL CASES
Drug and Liquor Addicts
Aged and Chronic Invalids
Utmost privacy. Beautiful suburban location. Home atmosphere. Tactful nursing. No noisy patients.
JAMES H. RANDOLPH, M.D.
Resident Neuropsychiatrist
4422 HERSCHEL STREET JACKSONVILLE 5, FLA.
PHONE 2-2330

Sustained Estrogenic Effect...

Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

SCHIEFFELIN BENZESTROL TABLETS:
0.5, 1.0, 2.0, 5.0 mg. — 50s, 100s, 1000s
SCHIEFFELIN BENZESTROL SOLUTION:
5.0 mg. per cc. — 10cc. vials
SCHIEFFELIN BENZESTROL VAGINAL TABLETS:
0.5 mg. — 100s

• Of proven value for the better management of vasomotor and nervous symptoms of the menopause, this synthetic estrogen justifies the trust which the profession places in it.

Its complete estrogenic action with minimum discomfort provides effective medication in the treatment of the menopausal syndrome and in all conditions where estrogenic therapy is indicated.

Schieffelin Benzestrol is available for oral, parenteral and local administration, enabling the physician to select the mode of administration best suited to each individual patient.

Literature and Sample on Request

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N.Y.



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Miss.

Diagnosis and Treatment of NERVOUS AND MENTAL DISEASES, ALCOHOLIC AND DRUG ADDICTIONS, Especially Equipped for the treatment of MENTAL DISORDERS and those requiring ELECTRO SHOCK THERAPY. Convalescents, elderly people and mild chronic mental cases also admitted.

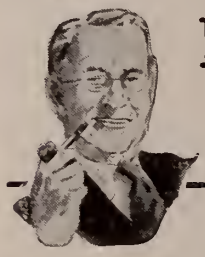
Write P. O. Box 106 or Telephone 524
Dr. M. J. L. Hoye, Supt.
Fellow of the American Psychiatric Association

The Brown School
San Marcos, Texas

FOR EXCEPTIONAL CHILDREN
Physically and Mentally Handicapped

Resident physician: psychiatric service, occupational therapy. Private swimming, boating and fishing the year 'round. State License. View Book
Bert P. Brown,
Director
Box 177
San Marcos, Texas

ADVERTISEMENT



From where I sit
by Joe Marsh

How Sober Hoskins got his name

Everybody kids Sober Hoskins about his name. Of course, they allow that it's appropriate. Sober never drinks anything stronger than a glass of beer. And a harder worker in the fields there never was.

According to Dr. Walters, who brought Sober into the world, "Sober's dad named him 'Sober' because he looked that way when he was born. Like he called his daughters 'Gay' and 'Prissy.' And it's had its effect on all of them," the doctor adds with a chuckle. (Prissy is the old maid in the Hoskins' family.)

From where I sit, Sober's dad had the right idea. Naming children after virtues is a fine old American custom. Look at the names of our pioneers and pilgrims: Faith, Pious, Charity, Hope, Ernest.

Maybe we should use such names more often. And one I'd like to add is "Tolerance." If we all had Tolerance for a middle name, and lived up to it, we'd have a better, happier world.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. W. C. Williams, President.....*West Palm Beach*
Mrs. P. J. Manson, First Vice President.....*Miami*
Mrs. J. E. Maines, Second Vice President....*Gainesville*
Mrs. C. D. Rollins, Secy.-Treas.....*Jacksonville*
Mrs. Leigh F. Robinson, Historian.....*Ft. Lauderdale*
Mrs. F. W. Krueger, Parliamentarian.....*Jacksonville*

COMMITTEE CHAIRMEN

Mrs S. M. Copeland, Press & Publicity.....*Jacksonville*
Mrs. Rupert Stovall, Public Relations..*Ft. Lauderdale*
Mrs. C. H. Murphy, Finance.....*Bartow*
Mrs. Charles F. Henley, Legislation.....*Jacksonville*
Mrs. George C. Tillman, Student Loan.....*Gainesville*
Mrs. W. J. Barge, Archives.....*Miami*
Mrs. H. A. Leavitt, Exhibit.....*Miami*
Mrs. Gordon H. Ira, Hygeia.....*Jacksonville*
Mrs. C. E. Royce, Bulletin.....*Clifton*
Mrs. P. J. Manson, Program.....*Miami*
Mrs. J. E. Maines, Organization.....*Gainesville*

DISTRICT CHAIRMEN

Mrs. T. C. Kenaston, General Chairman.....*Cocoa*
Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"..*Ft. Lauderdale*

ACCOMPLISHMENTS

My dear Co-workers:

As we begin another fiscal year I would like to express to officers, committee chairmen and members my deep appreciation for their cooperation and support during the past year.

In the reports presented for 1944-45 you have much reason for satisfaction and pride, and I have just cause for gratitude. Without your help I would have been helpless. They are *your* reports and the results are from *your* labors.

A review of the things accomplished shows, briefly: You have increased our enrollment by thirty-one memberships. All chapters have continued with their regular meetings and everyone has participated 100 per cent in the defense program. The assistance given the Cancer Army, the dissemination of information through tuberculosis programs and health institutes, the increased distribution of Hygeia and the procurement of new subscriptions to the Bulletin all testify to greater participation in our national program. Legislative problems have received the major attention of some of our groups.

Two new projects, the observance of "Doctor's Day," and the sale of advertising space in the Medical Directory, have received the support of each organized county.

Again, let me thank you for the splendid reports and for accepting the responsibilities of another year. I am confident it will prove a successful and happy one.

Sincerely yours,
Ethel S. Williams, President.



VENOUS DRAINAGE OF STOMACH . . . from the Portfolio, "Major Pathology of the Stomach."

This illustration is but one of more than 140 fine plates of normal and pathalogic anatomy in which Ciba has pioneered in publishing for the medical profession within the last five years. New ones are to appear. In the meantime, the most popular of the series are being reprinted by request. In new medicament research as well as in anatomical art, Ciba helps to lead the way.

Ciba Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY
IN CANADA
CIBA COMPANY LIMITED, MONTREAL
TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

AMBULATORY TREATMENT
OF CHRONIC
AMEBIASIS



VIOFORM

Neither bed rest nor special routines are required when chronic intestinal amebiasis is treated with VIOFORM[1].

VIOFORM* therapy is:

- EFFECTIVE
- SIMPLE
- SAFE
- INEXPENSIVE

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Available as: tablets of 250 mg., in bottles of 40 and 100; powder, in bottles of ½ oz.
Dosage: 1 tablet 3 or 4 times daily for 10 days; repeat after one week's intermission.

*Trade Mark Reg. U.S. Pat. Off. Word "Vioform" identifies the product as iodochlorhydroxyquinoline of Ciba's manufacture.

1. Goodman, Louis and Gilman, Alfred: The Pharmacological Basis of Therapeutics, The Macmillan Company, New York, page 936, 1941.

a Ciba Product

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY
IN CANADA, CIBA COMPANY LIMITED, MONTREAL

INDEX TO VOLUME XXXI

Abdominal Pregnancy; Report of a Case with Living Baby and Mother ... 475
Aberrant Tissue in the Gingiva; Adenocarcinoma Originating from; Report of Case (abst) ... 314
Acute Thyroiditis ... 419
Adamo, Col. Frank S., Medical Hero of Bataan Returns (edit) ... 584
Adenocarcinoma Originating from Aberrant Tissue in the Gingiva; Report of Case (abst) ... 314
American Health Resorts; Thalassotherapy (abst) ... 265
American Medical Association:
Bureau of Information ... 428
Annual Meeting, 1944 ... 69, 70, 166
Annual Meeting, 1945 ... 318
American Public Health Association Council Did Not Consult Medical Leaders Before Favoring Compulsory Health Plan (edit) ... 267
Anemia, Aplastic, Treated with Sulfadiazine ... 421
Anesthesia, Refrigeration, of Extremities; its Application and Use with Report of Cases ... 153
Angina, Ludwig's, Diagnosis and Treatment (abst) 20
Annual Meeting, 1945 (edit) ... 267, 425
Aplastic Anemia Treated with Sulfadiazine ... 421
Army Awards and Commendations ... 318
Artery, Coronary, Rupture of; Report of Case with Necropsy ... 15
Association's Financial Statements ... 588
Attorney, Need for ... 428
Authorized Badge for Medical Personnel in Combat 535
Avulsion of Arm and Posterior Shoulder Girdle with Recovery (abst) ... 162

Badge Authorized for Medical Personnel in Combat 535
Bar Association's Report (Wagner-Murray-Dingell Bill) ... 23
Bilateral Dactylomegaly ... 471
Board of Governors' Meeting ... 269, 425
Boling, Dr. John R., Statement to U. S. Senate Subcommittee (edit) ... 374
Books Received:
A.M.A.: Annual Reprint of Reports of Council on Pharmacy and Chemistry ... 274
A.M.A.: New and Nonofficial Remedies, 1944 ... 172
Bunnell, Sterling: Surgery of the Hand ... 388
Dattner, Bernhard; Thomas, Evan W., and Wexler, Gertrude: Management of Neurosyphilis 28
Gunther, Carl E. M.: Practical Malaria Control 76
Gurd, Frazer B.; and others: Technique in Trauma ... 76
Herrmann, George R.: Synopsis of Diseases of Heart and Arteries ... 28
Heuer, George J.: Treatment of Peptic Ulcer ... 28
Hotchkiss, Robert Sherman: Fertility in Men ... 172
Kuhn, Hedwig S.: Industrial Ophthalmology ... 28
Lull, Clifford B., and Hingson, Robert H.: Control of Pain in Childbirth ... 388
Moore, Dom Thomas Verner: Personal Mental Hygiene ... 546
Rafferty, T. N.: Artificial Pneumothorax in Pulmonary Tuberculosis; Including its Relationship to the Broader Aspects of Collapse Therapy ... 172
Rosenow, Edward C.: Poliomyelitis; the Relation of Neurotropic Streptococci to Epidemic and Experimental Poliomylitis and Poliomyelitis Virus, Diagnostic Serologic Tests and Serum Treatment ... 172
Seiffert, Gustav: Virus Diseases in Man, Animal and Plant ... 28
Siegler, Samuel L.: Fertility in Women ... 172
Sigler, Louis H.: The Electrocardiogram; its Interpretation and Clinical Application ... 226
Taber, Clarence Wilbur and Castallo, Mario A.: Dictionary of Gynecology and Obstetrics ... 388

Effective
Convenient
Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

"Coca-Cola gives me that refreshed feeling"



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

Drink Coca-Cola Delicious and Refreshing

THE PAUSE THAT REFRESHES

Calcium and Quinine in Labor and Postpartum Hemorrhage (abst) 20
Cancer Program, Nationwide 535
Cardiac Failure, Pulmonary Congestion and Edema in 104
Challenge of Tuberculosis to the Physician 199
Citation Given Florida Medical Association 218
Collapse Therapy in Pulmonary Tuberculosis 16
Committee Progress Reports (edit) 165
Component Societies by Medical Districts 179, 278, 330, 390, 442, 494
Congestion, Pulmonary, and Edema in Cardiac Failure 104
Coronary Artery, Rupture; Report of Case with Necropsy 15
Cyst, Symptomatic Pilonidal; Operative Treatment (abst) 161
Cysts of the Spleen (abst) 19

Dactylomegaly, Bilateral 471
Deaths:
Members:
Albee, Fred H., Venice 480
Bean, I. F., Melbourne 480, 484
Bertram, Albert J., Miami 320, 381
Brevard, Ephram M., Tallahassee 480, 536
Brown, L. V. L., DeLand 535
Buckman, Thomas E., Jacksonville 535, 592
Buff, Julian H., Orlando 24, 25
Dieterich, Frederick H., Miami 24
Ditman, Norman E., Palm Beach 381, 538
Dykes, Chapman, Haines City 25
Ellis, John C., Perry 25
Galphin, Lawrence T., Fernandina 430, 482
Godlin, David R., Miami Beach 270, 382
Hargrove, Julian L., Bartow 74, 116
Harrell, George L., Vero Beach 480, 536
Henry, Hugh W., New Smyrna Beach 381, 482
Howe, Roy, Daytona Beach 592
Johnston, J. Allen, Ft. Lauderdale 167, 218
Kinsey, Julius P., Pinetta 592
McMurray, James W., Williston 540
Maines, John E., Lake Butler 116, 218
Schwalb, Otto W., Ft. Lauderdale 592
Smith, Henry D., Sanford 116, 218
Summitt, Robert E., Gainesville 167, 220
Thompson, D. C., Canal Point 24, 116
Welch, Paul B., Miami 592
Other Doctors:
Childs, Julius A., St. Petersburg 480
Prine, J. L., Day 535
Whitaker, Furman C., Bradenton 535
Wooden, Henry W., (col) Orlando 480
Deer Fly Sensitization (abst) 20
Deferments on Premedical Students 112
Diagnosis and Treatment of Ludwig's Angina (abst) 20
District Medical Meetings Postponed 214
Doctors in Politics (edit) 23
Duval County Medical Society Observes 92nd Birthday (edit) 531

Edema and Pulmonary Congestion in Cardiac Failure 104
Exposition, Pensacola Survival 318
Extravasation, Genitourinary 307

Fellowships for Postgraduate Study 480
Fever-Chemotherapy; Reduction of Manpower Loss in Gonorrheal Urethritis (abst) 161
Financial Statements, Association's 588
Florida's First County Medical Society Observes its 92nd Birthday (edit) 531
From My Point of View 68, 110, 213, 316, 426, 532, 587
Function of the Journal (edit) 316

Gallbladder Disease as Related to Anatomic and Physiologic Abnormalities 521

Accident, Hospital, Sickness
INSURANCE
FOR PHYSICIANS—SURGEONS—DENTISTS
EXCLUSIVELY
All Premiums Come from Physicians, Surgeons, Dentists
All Claims Go to Physicians, Surgeons, Deintists

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

43 Years Under the Same Management
$ 2,700,000.00 INVESTED ASSETS
$12,700,000.00 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members
86c out of each $1.00 gross income used for members' benefit
Disability need not be incurred in line of duty—benefits from the beginning day of disability
PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Building, OMAHA 2, NEBRASKA

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA
BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS
Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*
Member National Selected Morticians By Invitation
17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA
Phones 5-3766 5-3767



ESTROGENIC SUBSTANCE IN OIL

CHEPLIN purified preparation of naturally-occurring estrogenic substance is physiologically standardized, and its potency expressed in terms of international units—assuring definite uniformity of action. ESTROGENIC SUBSTANCE is isolated from pregnant mare urine and contains principally estrone and estradiol in sesame oil. Indicated in menopausal symptoms and sequelae as pruritus vulvae, senile vaginitis and kraurosis vulvae—also in gonorrheal vaginitis of children. *Literature on request.*

ESTROGENIC SUBSTANCE IN OIL for intramuscular use supplied in:

2000 Int. Units per cc.
5000 Int. Units per cc.
10,000 Int. Units per cc.
20,000 Int. Units per cc.

Each strength is respectively furnished in:

1 cc. ampules—6, 25 and 100 per box
10 cc. vials and 30 cc. vials

CHEPLIN
LABORATORIES INC.
SYRACUSE 1, NEW YORK

Obstructions, Relationship to Urinary Affections..... 13
Omentum, Torsion of..... 61

Past Presidents' List Revised (edit)..... 478
Pensacola Survival Exposition..... 318
Pilonidal Cyst, Symptomatic; Operative Treatment (abst)..... 161
Pneumococci of Type III, Infection of the Nose and Throat (abst)..... 314
Pneumonia, Primary Atypical; An Analysis of 140 Cases..... 101
Poll Unfavorable to Socialized Medicine..... 269
Postgraduate Short Course, 1944..... 70
Postgraduate Short Course, 1945....427, 479, 531, 585, 586
Postgraduate Study, Fellowships for..... 480
Pregnancy, Abdominal; Report of a Case with Living Baby and Mother..... 475
Premedical Student Deferment..... 112
President's Letter: Medical Care..... 163
Primary Atypical Pneumonia; An Analysis of 140 Cases..... 101
Program for Graduate Short Course.....585, 586
Pulmonary Congestion and Edema in Cardiac Failure..... 104
Pulmonary Tuberculosis, Collapse Therapy in..... 16

Quinine and Calcium in Labor and Postpartum Hemorrhage (abst)..... 20

Reduction of Manpower Loss from Gonorrheal Urethritis by Early Application of Fever-Chemotherapy (abst)..... 161
Refrigeration Anesthesia of the Extremities; Its Application and Use with Report of Cases..... 153
Rehabilitation Service (Correspondence)..... 167
Relationship of Obstructions to Urinary Affections 13
Relocated Physicians Temporarily Licensed 24, 216, 269, 429
Report of Fla. Delegates to A.M.A. House of Delegates..... 70
Report of Special Committee Recommended by Board of Governors..... 479
Report of Treasurer..... 588
Reports, Committee Progress (edit)..... 165
Rowlett, William M., Resigns (edit)..... 110
Rupture of Coronary Artery; Report of Case with Necropsy..... 15

Sarcoma of the Uterus..... 158
Schedule of Meetings....36, 82, 126, 230, 277, 329, 389, 441
Selective Service (edit)..... 165
Senate Bill 1161.....22, 23, 269, 374
Sensitization, Deer Fly (abst)..... 20
Seventeenth Anniversary Issue of Harofe Haivri..... 429
Socialized Medicine (see Wagner-Murray-Dingell Bill)
Some Wartime Problems of the Local Health Department..... 578
Southern Medical Association Meeting.....112, 378
Spleen, Cysts of (abst)..... 19
Stab Wounds with Weapon Remaining in Place; Report of 3 Cases..... 260
State Board of Medical Examiners.....114, 427
Statement of Dr. John R. Boling to U. S. Senate Subcommittee (edit)..... 374
Station Hospital, Tropical, Surgical Plan of (abst).... 372
Sulfadiazine, Aplastic Anemia Treated with..... 421
Sulfamerazine in the Treatment of Meningococcic Meningitis..... 359
Surgical Plan of a Tropical Station Hospital (abst) 372
Symptomatic Pilonidal Cyst; Operative Treatment (abst)..... 161

Temporary Licenses Issued.....24, 216, 269, 429
Thalassotherapy; American Health Resorts (abst).... 265
The One Foundation (edit)..... 68
Throat and Nose, Infection Caused by Pneumococci of Type III (abst)..... 314

NIBESOL

★ ★ ★

The vitamin content of Nibesol Capsules is derived from Dry Brewers' Yeast with Thiamine, Riboflavin, Niacin and Ascorbic Acid added.

Each capsule contains:

Thiamine 5 mg.

Riboflavin 3 mg.

Niacin 25 mg.

Ascorbic Acid . . . 33 mg.

Available on prescription in bottles of 100 and 500.

TABLEROCK LABORATORIES
Greenville, S. C.

recent extensive investigation confirms contraceptive effectiveness of the active ingredient in Koromex Jelly

A most illuminating report based on extensive clinical and experimental data has recently been published by Eastman and Scott (Human Fertility, 9:33, (June) 1944.) These authors studied the safety and efficacy of phenylmercuric acetate which is the active constituent of Koromex Jelly.

1 Clinical evidence showed that in actual use, phenylmercuric acetate jelly had a remarkable record for contraceptive efficiency.

2 The earlier work of Baker, Ranson and Tynen (Lancet, 2:882, (October 15), 1938), showing a very high spermicidal potency, was confirmed.

3 Toxicity was found low.

4 No evidence of irritability on the part of either the husband or wife.

In addition to the above qualities, Koromex Jelly, which also contains oxyquinoline benzoate and boric acid in a well buffered glycerine gum base, has the properties of adhering firmly to the vaginal lining and mixing readily with the vaginal secretions. It has optimum spreading qualities. Its pH of 4.6 is constantly maintained even in the presence of the buffering action of the protein seminal fluid.

Koromex Jelly does not stain. Is not excessively lubricating, and is well tolerated. Because of these qualities you can assuredly — prescribe Koromex *with confidence.*

Write for Literature.

Holland-Rantos Company, Inc. · 551 Fifth Ave. · New York 17, N. Y.



prescribe Koromex *with confidence*

Thyroiditis, Acute ... 419
Torsion of the Omentum ... 61
Total Avulsion of the Arm and Posterior Shoulder Girdle with Recovery (abst) ... 162
Treasurer's Report ... 588
True Hermaphroditism; Report of 2 Cases (abst) ... 528
Tuberculosis, Pulmonary, Collapse Therapy in ... 16
Tuberculosis, the Challenge to the Physician ... 199

Ureter, Management of Injuries to (abst) ... 107
Urethritis, Gonorrheal; Reduction of Manpower Loss by Early Application of Fever-Chemotherapy (abst) ... 161
Urinary Affections, Relation of Obstructions ... 13
Uterus, Sarcoma of ... 158

Vale, Alma Mater ... 263
Vocational Rehabilitation Service (correspondence) ... 167

Wagner-Murray-Dingell Bill (edit) ... 22, 23, 267, 269, 374
War Bond Campaign Citation ... 218
What to do (edit) ... 212
Woman's Auxiliary:
Accomplishments ... 596
Be Informed About Public Relations ... 228
Broward County ... 438
Convention Canceled ... 492
Duval County Auxiliary ... 78, 276, 438, 546
Executive Board Meeting ... 326
Hygeia ... 176
Message from the President ... 32
National Convention ... 122
Organization ... 386
Spring Board Meeting ... 492
State Charges ... 326
Williams, Mrs. W. C., Our President ... 32
Wounds, Stab, with the Weapon Remaining in Place; Report of 3 Cases ... 260

INDEX TO AUTHORS

ARTICLES

Ballenger, Edgar G., Atlanta ... 13
Blake, William C., Tampa ... 104
Camp, Milton N., Ft. Lauderdale ... 575
Campbell, Elmer B., St. Petersburg ... 521
Diddle, A. W., Iowa City ... 207
Dobrin, Max, Miami Beach ... 15
Fairo, Carroll J., Palm Beach ... 257
Guthrie, Morris B., A.U.S. ... 101
Harris, Charles M., U.S.P.H.S. ... 359
Hausman, Harry, Daytona Beach ... 307
Jelks, Edward, Jacksonville ... 419
Jewett, Jim, Miami ... 64
Karnosh, Louis J., Cleveland ... 263
Killinger, R. R., Jacksonville ... 61, 471
McEwan, Duncan, Orlando ... 153
Mabry, Charles B., Jacksonville ... 260
Merritt, Webster ... 214, 310, 365, 523
Nickau, Robert H., Cleveland ... 421
Reeser, Richard, Jr., A.U.S. ... 101
Rogers, W. W., Jacksonville ... 578
Rose, Maurice J., Miami Beach ... 475
Stewart, J. Benham, Jacksonville ... 260
Sweany, Henry C., Chicago ... 199
Thompson, R. D., Orlando ... 16
Turberville, John K., Century ... 158
Wright, Scheffel, Miami ... 64

ABSTRACTS

Annis, J. W., Lakeland, and Eldridge, F. G., Valdosta, Ga. ... 210
Camp Milton N., M.C., A.U.S. ... 372
Camp, Milton N., and Polites, Nicholas, Camp Polk, La. ... 161
Hart, B. F., Winter Park, and Noble, Vernon, Louisville, Ky. ... 20
Killinger, R. R., Jacksonville ... 162
Knauer, William Jerome, Jacksonville ... 314
Loeb, Martin J., New York ... 314
McIver, Robert B., Jacksonville ... 107
McIver, Robert B.; Seabaugh, D. R., and Mangels, Martin, Jacksonville ... 528
Mease, J. A., Dunedin ... 20
Phillips, Kenneth, and Mundorff, Alice B., U.S.N.R. ... 161
Singer, Charles I., Long Beach, N. Y., and Phillips, Kenneth, Miami ... 265
Synder, J. W., and Rezek, Philipp R., Miami ... 19
Welch, P. B., Miami ... 19
Williams, Ashbel C., and Guralnick, Walter C., Boston ... 20

Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting June 18, July 2, and every two weeks during the year. One Week Course Surgery of Colon and Rectum June 11 and September 10.

GYNECOLOGY—Two Weeks Intensive Course June 18. One Week Personal Course Vaginal Approach to Pelvic Surgery July 9.

OBSTETRICS—Two Weeks Intensive Course June 4 and October 8.

ANESTHESIA—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

ELECTROCARDIOGRAPHY & HEART DISEASE—Two Weeks Intensive Course starting August 6.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 So. Honore Street, Chicago 12, Illinois

Ambulance Directory

COMBS FUNERAL HOMES
Ambulance Service
Phone 32101 **Phone 52101**
MIAMI, FLORIDA **MIAMI BEACH, FLA.**

FERGUSON FUNERAL HOME, INC.
WEST PALM BEACH, FLA.
1201 South Olive

Designed *to* ASSIST *the* PATIENT



THE "RAMSES"* Diaphragm Introducer, designed after consultation with gynecologists, engages the rim of the "RAMSES" Flexible Cushioned Diaphragm at two points, shaping it into an elongated oval, thus enabling it to pass readily into the vagina. By providing complete control over the direction of travel, the "RAMSES" Diaphragm Introducer assures proper and accurate placement of the diaphragm.

1. The wide, blunt tip of the "RAMSES" Diaphragm Introducer is designed to prevent even the remote chance of accidental penetration of the uterus during insertion of the diaphragm.

2. Made of easily cleansed plastic, the "RAMSES" Diaphragm Introducer has no minute crevices to harbour bacterial growth—no sharp projections to cause possible vaginal injury.

3. The broad, rounded hooked end of the "RAMSES" Diaphragm Introducer—used for diaphragm removal—guards against possible entry into the urethra.

Your patients obtain the "RAMSES" Diaphragm Introducer when you specify the "RAMSES" Physicians Prescription Packet No. 501.

"RAMSES" Gynecological Products are suggested for use under the guidance of a physician only. They are available through recognized pharmacies.

**The word "RAMSES" is the registered trademark of Julius Schmid, Inc.*

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Ramses
TRADE MARK REG. U.S. PAT. OFF.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55 St.
New York 19, N. Y.

DIAPHRAGM INTRODUCER





There's always one that's best!

Convenience features of **HAMILTON NU-TONE** place this medical suite at the top. You'll like the concealed **HIDE-A-ROLL** that furnishes an immaculate surface for each patient . . . the patented **COUNTER-BALANCE TOP . . . WOOD-STEEL DRAWERS** that can't stick or jam . . . and **DISAPPEARING STIRRUPS** that fold out of sight when not in use. See it at



HIDE-A-ROLL
PAPER ATTACHMENT

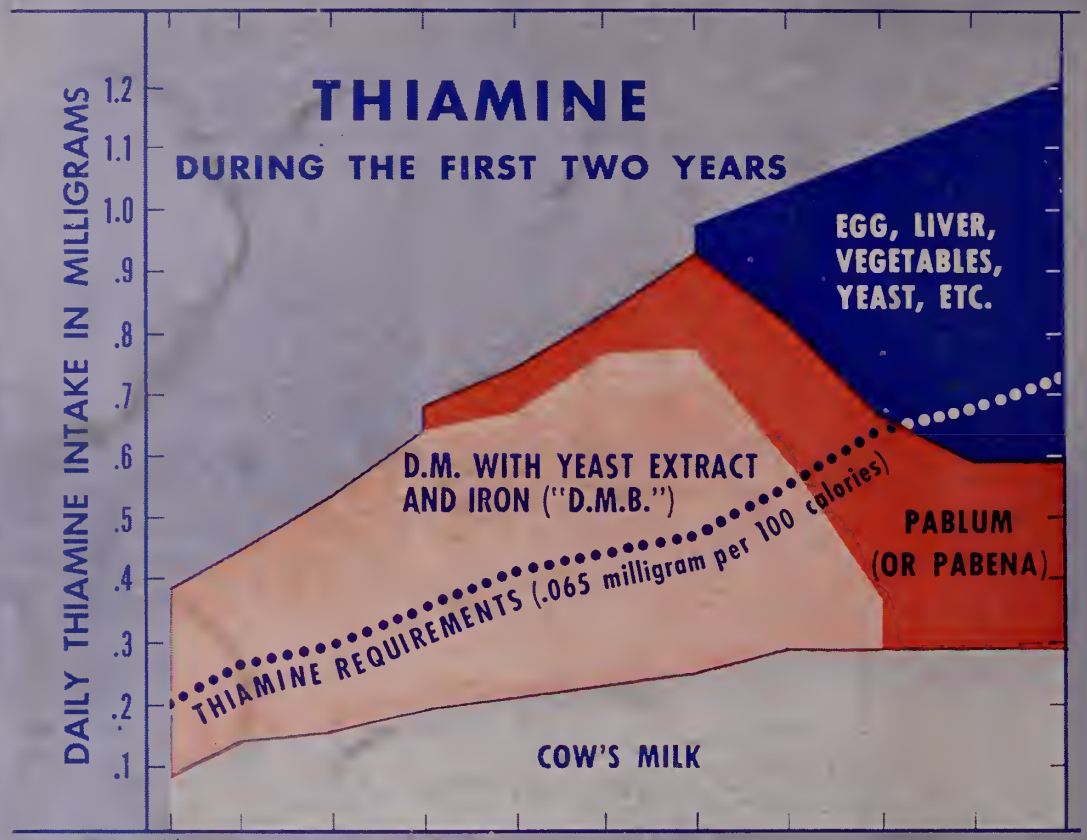
Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

MIAMI ORLANDO

P. O. BOX 2669 820-24 W BAY ST
Jacksonville 3, Florida



AGE, Mos.	¼	1	2	3	4	5	6	9	12	18	24
WEIGHT, Lbs.	7	9	10	12	14	15	17	19	21	24	27
MILK, Oz.	10	16	18	21	24	26	28	32	32	32	32
"D.M.B.," Oz.	1	1	1¼	1½	1½	1¾	1¾	1	¼	0	0
PABLUM, Oz.	0	0	0	⅛	¼	¼	½	¾	1	1	1

THIAMINE DURING THE FIRST TWO YEARS

Thiamine functions as a component of several cellular respiratory enzyme systems and is necessary for the complete combustion of carbohydrate. Complete thiamine deficiency eventually results in beriberi, which happily is seldom seen in America. However, many authorities maintain that partial thiamine deficiency in this country is widespread.

In clinical practice, it is desirable to allow a liberal margin of safety over calculated requirements. The chart shows that this safety factor may be assured when the carbohydrate is "D.M.B." and the cereal is either Pablum or Pabena.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

EW YORK ACADEMY OF MEDICINE
E 103RD ST

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY.